

# Section 1: Introduction

## Mission and Vision Statements

ATR Ohana Mission Statement: To strengthen and heal shattered lives and families.

ATR Ohana Vision Statement: ATR Ohana envisions a system where individuals with substance use disorders are treated with dignity and respect, and that choice among treatment and recovery support service providers is maximized and expedited wherever possible.

ATR Ohana Goal Statement: The Goals of the ATR Ohana Project are to 1) support client choice; 2) expand access to a wide range of treatment and recovery support services, including faith- and culturally-based providers; and 3) to increase capacity of the treatment and recovery support services in Hawaii's recovery-oriented system of care.

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."

# Access to Recovery (ATR Ohana)

## Our Mission

To strengthen and heal shattered lives and families.

## Our Vision

A system where individuals with substance use disorders are treated with dignity and respect;

and

Choice among treatment and recovery support service providers is maximized and expedited wherever possible.

## Our Goals

1. Support client choice;
2. Expand access to a wide range of evidence-based treatment and recovery support services, including services by faith- and culturally-based providers; and
3. Increase capacity of the treatment and recovery support services in Hawaii's recovery-oriented system of care (ROSC).

## Grant Overview

Funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA/CSAT) Access to Recovery (ATR) grants provide funding for voucher programs for substance use disorder clinical treatment and recovery support services. Hawaii's ATR Ohana Project is designed to: 1) provide client choice among treatment and recovery support service providers, 2) expand access to a comprehensive array of treatment and recovery support options (including faith- and culture-based programmatic options), and 3) increase substance use disorder treatment capacity. Monitoring outcomes, tracking costs, and preventing waste, fraud and abuse to ensure accountability and effectiveness in the use of Federal funds are also important elements of the ATR Ohana Project.

A major goal of the ATR Ohana Project is to ensure that clients have a genuine, free, and independent choice among a network of eligible providers. ATR Ohana staff develop provider networks that offer an array of treatment and recovery support services that can be expected to result in cost-effective, successful outcomes for the largest number of people.

As a returning ATR II grantee, Hawaii is required to enhance or expand efforts in the proposed geographic area, client population, services provided, or any other component during ATR III (ATR Ohana) that was not included in the previous ATR II grant.

As of February 2009, approximately 1.89 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance use disorder treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, ATR Ohana is committed to assisting Deployed Veterans, Military, National Guard, Reserves and their families with substance use disorders with their unique needs.

**Proposed Approach:** The ATR Ohana will emphasize and facilitate client choice among substance use disorder treatment and recovery support service providers through electronic voucher payment system where the funding follows the client to their choice of service and agency from the ATR Ohana network of approved providers.

The ATR Ohana promotes self-care at the most fundamental levels, including empowering clients to select their service providers and to be actively involved in decisions affecting their life, care, and treatment.

The ATR Ohana will expand access to services for individuals with substance use disorders age 12 and older, 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, and to those experiencing health disparity such as dental disease related to use of methamphetamines and HIV/AIDS patients.

The ATR Ohana will partner with Hawaii's recovery-oriented systems of care, including community-based, faith-based, culture-based, and secular providers to maximize local access to ATR Ohana clients for services in categories relevant to their individual recovery needs.

The ATR Ohana funds are considered a "payer of last resort" and all other funding options must be exhausted before ATR Ohana funds will be paid to treatment and recovery support service providers.

#### Grant Mandates

1. Distribute fee-for-service funds to ATR Ohana provider agencies utilizing an electronic voucher management system (VMS). Hawaii ATR Ohana uses the Web Infrastructure for Treatment Services (WITS) VMS. Only clients enrolled using the WITS system are eligible for ATR Ohana. Only claims for payment for services by ATR Ohana network provider agencies for services provided to ATR Ohana clients using the WITS system are eligible for payment using ATR Ohana grant funds.
2. Utilize evidence based screening and assessment tools to determine need for ATR Ohana funded services. Hawaii ATR Ohana adult clients are screened for eligibility using the CAGE-AID tool. Adolescent clients are screened for eligibility using the CRAFFT tool.

Adult clients receive independent substance abuse assessment using the Addictions Severity Index (ASI) tool and are referred to clinical substance abuse treatment based on the American Society of Addictions Medicine (ASAM) Patient Placement Criteria for adults and their choice of provider agency. Adolescent clients receive independent substance abuse assessment using the Alcohol and Drug Abuse diagnosis tool and are referred to clinical substance abuse treatment based on the ASAM Patient Placement Criteria for adolescents and their choice of provider agency.

All ATR Ohana clients receive independent recovery support services needs assessment using the Recovery Support Services Questionnaire (RSSQ) and are referred to recovery support services based on needed services and their choice of provider agency.

3. Inclusion of faith-, cultural-, and neighborhood based non-traditional treatment and recovery support services provider. The ATR Ohana service provider network includes clinical substance abuse treatment and recovery support services providers who represent an array of faith, cultural and local neighborhood agencies, organizations, and individual service providers.
4. Integrate ATR Ohana network providers into the overall recovery-oriented system of

care, thereby increasing overall capacity of the ROSC. ATR Ohana providers meet regularly with other ATR Ohana network providers and receive e-mail notifications on community trainings related to behavioral health trainings, initiatives, and other health care transformation activities. ATR Ohana providers partner with a variety of Federal and State departments and divisions to provide services to individuals who may not have a substance use disorder, but who do need assistance accessing or navigating traditional service networks, such as courts, workforce development, dental or other medical health care services, and housing authority.

5. Enhance sustainability of ATR Ohana services and agencies beyond the end of Federal funding for ATR Ohana. ATR Ohana network providers receive technical assistance from Federal and state partners and other stakeholders involved in expansion and sustainment of behavioral health initiatives related to prevention of, intervention with, and recovery from substance use disorders.

#### Abstract

The following text is taken directly from the Hawaii ATR Ohana Revised Abstract that was awarded funding by SAMHSA CSAT for the period October 1, 2010 through September 30, 2014:

#### ABSTRACT: Hawaii ATR Ohana

Hawaii, a previously ATR-funded state, will expand from Oahu to at least one neighbor island as “ATR Ohana” (family). Adding clinical treatment and serving substance using adolescents and extended family members will improve recovery for entire families. Clients experiencing health disparity, HIV/AIDS patients and methamphetamine clients with dental disease, expand target populations that include native Hawaiians, National Guard, and drug court clients. Pacific Islanders, child protective services, and re-entering offenders remain important target populations to ATR Ohana. Faith- and cultural-based providers will expand partnerships program-wide, and ATR Ohana will formalize referral pathways to treatment and recovery with various institutions whose clients struggle with controlled substances.

ATR Ohana will serve 8,362 clients age twelve (12) and older at an average cost of \$1,091.72 per client. 1,236 clients will be served in the first year, 2,800 served during each of the second and third years, and 1,526 clients served in the fourth year.

ATR Ohana will use Hawaii’s existing electronic voucher management system (VMS) to reimburse providers on a fee-for-service basis, ensuring genuine client choice from an expanded network of faith-based providers and cultural healers not previously funded through public funds. ATR Ohana will use place-based strategies to bring treatment and recovery to clients in remote locations. ATR Ohana will enhance client compliance and effective provider practices using “real time” outcomes measures from the VMS and incentives.

ATR Ohana will supplement existing high intensity treatment with lower levels of clinical services, and require care coordination from all provider agencies, emphasizing the importance of collaboration between treatment and recovery providers. ATR Ohana targets clients who may be in need of treatment, but do not recognize their need, such as family members of identified clients who also abuse controlled substances. Incorporating the recommendations of stakeholders from all counties and disciplines, ATR Ohana will enhance existing treatment services by offering substance abuse education, Motivational Enhancement and Recovery Check-ups, and expand recovery service reimbursements for transportation, individual and group peer-based education and mentoring, spiritual and cultural support, child care, sober activities, and care coordination.

Implementation of treatment and recovery services will commence within 90 days with full project implementation by 6 months. Project staff will monitor key implementation and outcome measures to ensure quality of care; to prevent waste, fraud and abuse; and to maximize the efficiency and effectiveness of service delivery.

Grant Summary

Total Award Amount: \$11,479,509

Year 1: \$2,932,999

Year 2: \$2,849,000

Year 3: \$2,824,360

Year 4: \$2,873,150

Client Enrollment Targets: 8,362

Year 1: 1,236

Year 2: 2,800

Year 3: 2,800

Year 4: 1,526

Targeted Sub-Populations:

Adolescents.....20%

National Guard, Deployed Veterans, Military and Family Members..... 5%

Drug Court and Criminal Justice.....25%

Compromised Health (HIV/AIDS, Dual Diagnosis, or Dental Disorder).....10%

Methamphetamine as Drug of Choice.....40%

Project Period: 10/01/2010 – 9/30/2014

Target Area:

Island of Oahu

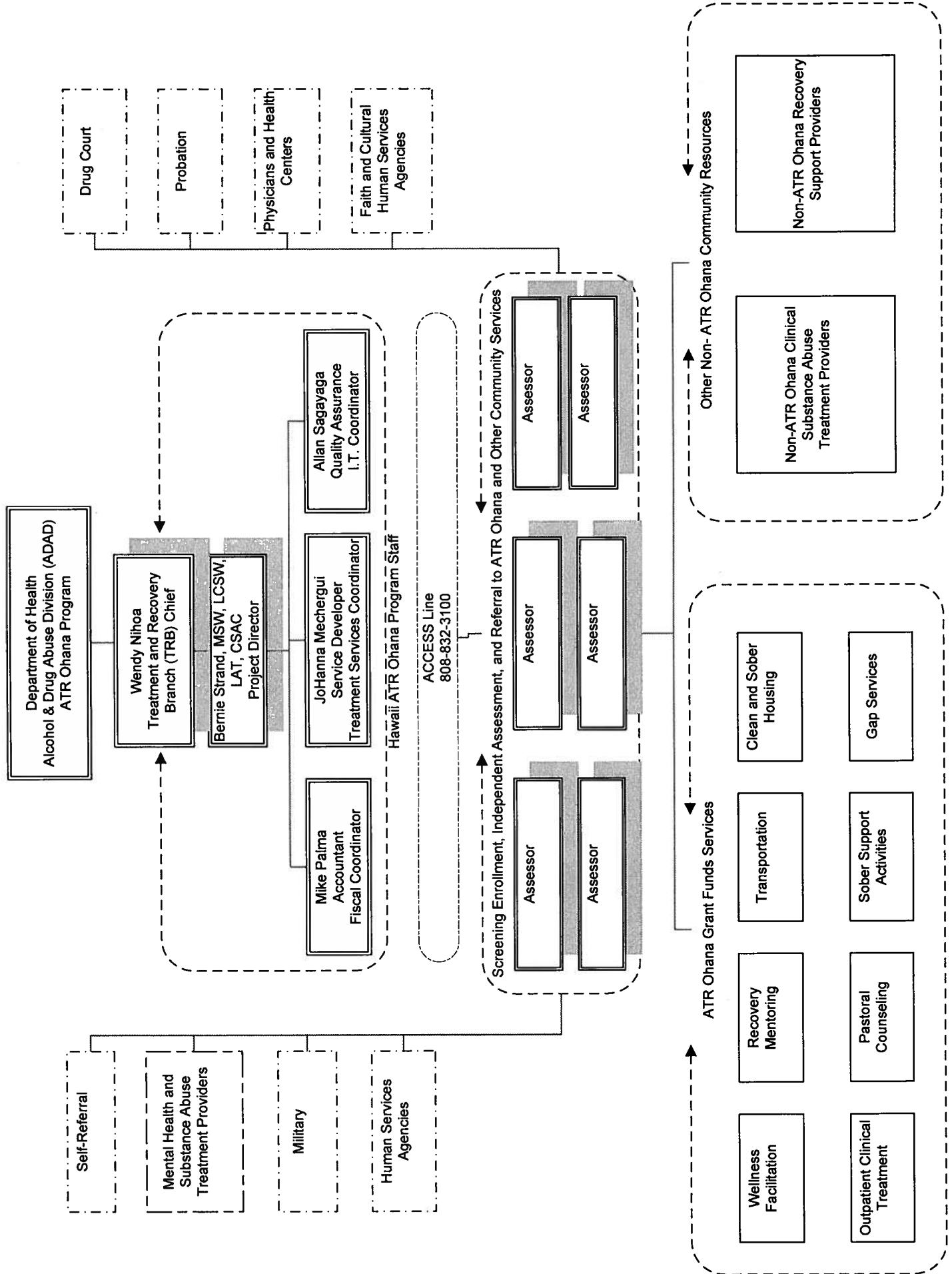
At least one additional neighbor island (TBD)

Funding Source:

United States Department of Health and Human Services (US DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) “Access to Recovery (ATR) Grant” (TI-10-008).

# Hawaii Access To Recovery (ATR Ohana) Organizational Chart

(Revised 03/13/2012)





Grant Staff Contact Info

Program Director

Bernie Strand

Phone # (808) 692-7619

Fax # (808) 692-7521

Email [Bernie.Strand@doh.hawaii.gov](mailto:Bernie.Strand@doh.hawaii.gov)

Service Developer

JoHanna Mechergui

Phone # (808) 692-7512

Fax # (808) 692-7521

Email [Johanna.Mechergui@doh.hawaii.gov](mailto:Johanna.Mechergui@doh.hawaii.gov)

Quality Assurance Monitor

Allan Sagayaga

Phone # (808) 692-7537

Fax # (808) 692-7521

Email [Allan.Sagayaga@doh.hawaii.gov](mailto:Allan.Sagayaga@doh.hawaii.gov)

Accountant

Enrique "Mike" Palma

Phone # (808) 692-7230

Fax # (808) 692-7521

Email [Mike.Palma@doh.hawaii.gov](mailto:Mike.Palma@doh.hawaii.gov)

Alcohol and Drug Abuse Division (ADAD)

Acting Chief

Phillip Nguyen or Terri Nakano

Phone # (808) 692-7507

Fax # (808) 692-7521

Email [Phillip.Nguyen@doh.hawaii.gov](mailto:Phillip.Nguyen@doh.hawaii.gov)

Or [Terri.Nakano@doh.hawaii.gov](mailto:Terri.Nakano@doh.hawaii.gov)

Treatment and Recovery Branch Chief

Wendy Nihoa

Phone # (808) 692-7523

Fax # (808) 692-7521

Email [Wendy.Nihoa@doh.hawaii.gov](mailto:Wendy.Nihoa@doh.hawaii.gov)

Hawaii Department of Health

Alcohol and Drug Abuse Division

601 Kamokila Blvd. Room 360

Kapolei, Hawai'i, 96707

(808) 692-7506

### Prevention Disclaimer

ATR Ohana is funded by the Center for Substance Abuse Treatment. Grant funds for ATR Ohana are intended to pay for clinical substance abuse disorder treatment and recovery support services. Use of ATR Ohana funds for primary prevention activities is not authorized.

### Eligibility Criteria

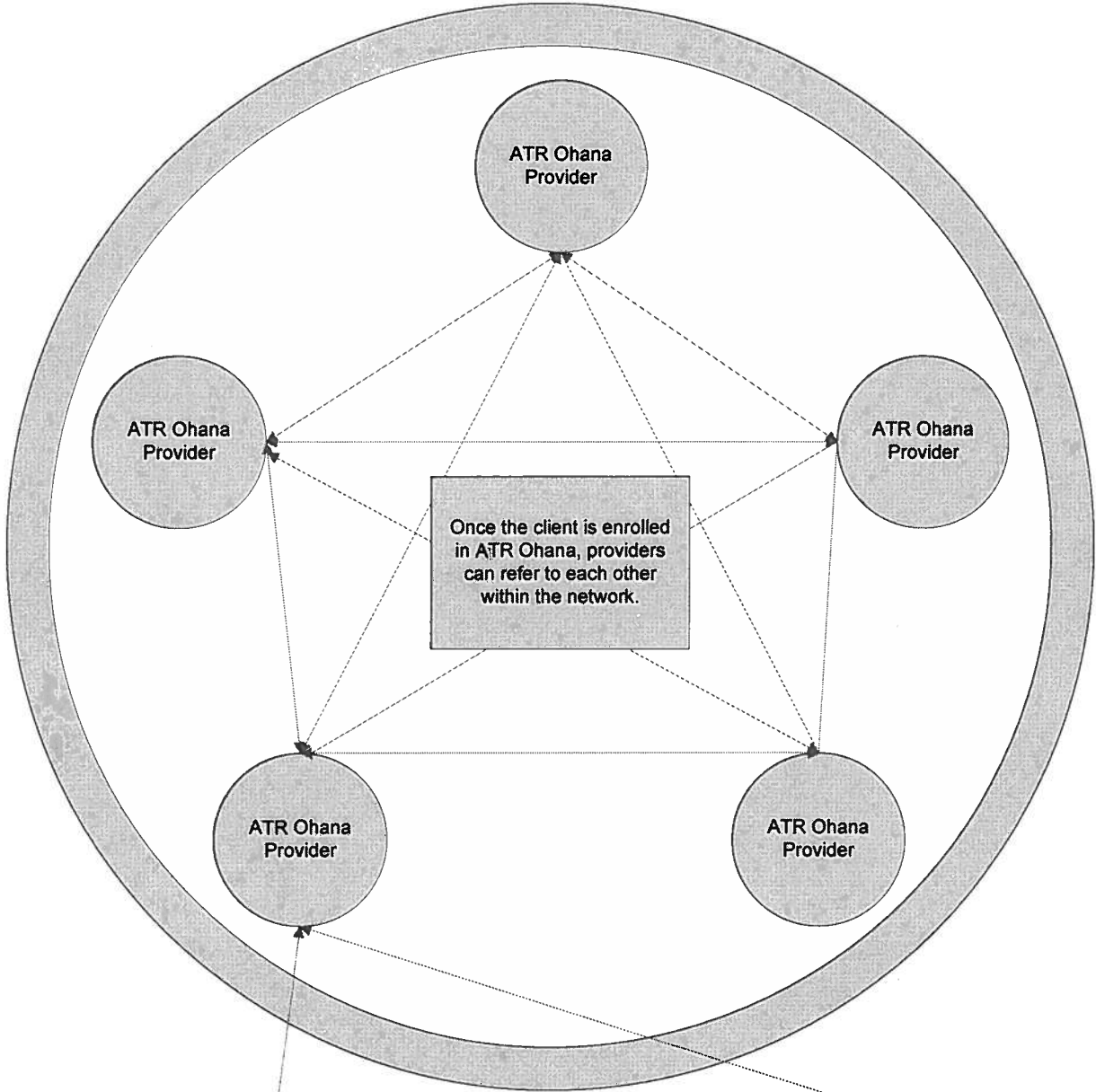
Individuals age 12 and older with substance use disorders.

The geographic implementation area for ATR Ohana is the City and County of Honolulu, Island of Oahu. During Year 1 of the grant, ATR Ohana will expand to at least one neighbor island.

### Populations of Special Interest

The ATR Ohana will emphasize the need to reach and serve a number of special populations in Hawaii including, youth ages 12 through 17, Native Hawaiians, Pacific Islanders, drug court clients, previously incarcerated individuals re-entering the community, Deployed Veterans, Military, National Guard, Reserves and their families, and individuals experiencing health disparity, including those with methamphetamine related dental disease and those with HIV/AIDS.

ATR Ohana Assessors screen individuals for eligibility. Once enrolled in ATR Ohana, clients are referred to their choice of ATR Ohana network providers or to non-ATR Ohana community resources.



Clients is enrolled in ATR Ohana can also be referred to agencies and services outside of the ATR Ohana network.



Individuals who may qualify for ATR Ohana can call ACCESS Line to request information about referral to agencies authorized to screen for eligibility for enrollment to ATR Ohana. They may also be referred by an organization or individual, or may walk-in on their own to one of the ATR Ohana Assessor network agencies.

The ATR Ohana Assessor agency will screen the client to ensure eligibility for ATR Ohana enrollment. Clients eligible for enrollment will complete the Intake screening for the Government Performance and Results Act (GPRA), which is required for ATR Ohana participation. Clients are also required to complete independent, standardized substance use disorder and recovery needs assessments for participation in ATR Ohana. Results of those assessments will assist the client in determining the plan for clinical substance abuse disorder treatment and/or a recovery support services and referral to ATR Ohana providers and to non-ATR Ohana community resources.

No funds are directly distributed to ATR Ohana clients. All services are provided via electronic vouchers for service that are authorized at the ATR Ohana provider agency. Average expenditure on services for ATR Ohana clients will be approximately \$1,000, total, for the entire four (4) years of the ATR Ohana Grant.

Once the client has been enrolled in ATR Ohana, they remain eligible for ATR Ohana services for all four (4) years of the grant period. While the average expenditure per client will be approximately \$1,000, total, for all four (4) years of the grant, some clients will utilize less than that amount, and other clients will demonstrate need for more than that amount. ADAD will manage the per client expenditure caps to assure that sufficient resources remain to accommodate enrollment of clients to meet the target enrollment for Hawaii ATR Ohana, as stipulated by the funder, SAMHSA.

Grant funds are released in pre-approved amounts for each fiscal year, and are allocated quarterly. Once the ATR Ohana grant funds for each fiscal year and each quarterly fiscal period have been expended, clients may need to wait until the next fiscal year or quarterly fiscal period to request additional ATR Ohana services.