

**ATTACHMENT 4:
PROVIDER SURVEY**

OMB NO. 0930-XXXX
Exp. Date XX/XX/XX

**Cross-Site Evaluation of the
Access to Recovery Program**

Provider Survey

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Today's Date: |__|_|_| || |__|_|_| || |__|_|_|
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Provider Organization Identification Number |__|_|_|_|_|_|

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Please begin survey on the next page →

Access to Recovery (ATR) Provider Survey

INTRODUCTION

You or your organization was identified as either an Access to Recovery (ATR) service provider belonging to the [Grantee's ATR Program]'s provider network or as an ATR case management/care coordination organization or individual.

To improve upon and better understand the ATR program we would like you to answer the following survey questions. This survey is part of a larger evaluation being conducted by RTI International, an independent research organization funded by the Center for Substance Abuse Treatment (CSAT) to conduct a national evaluation of the ATR Program.

We strongly recommend that an individual most familiar with your organization and its role within the ATR program complete this survey. These questions ask about the services your organization provides and its experience participating in the ATR program.

IMPORTANT: For the purposes of this survey, ATR clients and ATR-funded clients refer to individuals who received services that were reimbursed through the [Grantee's ATR Program]'s voucher payment system.

If you have any questions about this study, you may contact Cassie Williams at RTI (1-800-334-8571 (ext. 23749)). She can also be reached via email at cawilliams@rti.org.

Section A — Organizational Characteristics

In this section, we are gathering background information about you, your organization, and the ATR-funded services your organization offers.

1. How long have you worked for this organization?

- 0–5 months
- 6–11 months
- 1 to 2 years
- 3 to 4 years
- 5 or more years

2. Which of the following best describes your position in this organization?

- Organization director or senior manager
- Case manager/care coordinator
- Clinical services director
- Tribal leader
- Pastor/clergy
- Other (please specify): _____

3. Which of the following best describes your organization?

- Community organization
- Faith-based, affiliated directly with a religious institution or congregation (e.g., church, mosque, temple)
- Independent faith-based without administrative affiliation with a religious institution or congregation (e.g., the Salvation Army)
- Secular organization
- Traditional healer (e.g., tribal cultural/religious practices, homoeopathic medicine)
- Tribal agency
- Indian Health Service provider
- Case manager/care coordinator employed by the **[Grantee's ATR Program]**
- Other (please specify): _____

4. How would you classify the ownership structure of your organization?

- Private, for profit
- Private, nonprofit
- Public
- Other (please specify): _____

5. Did your organization receive federal, state or tribal funding prior to participating in the ATR program?

- Yes
- No
- Don't Know

6. **Is your organization still actively involved with the [Grantee's ATR Program] (e.g., current member of provider network)?**

- Yes
- No
- Don't Know

If no, why is your organization no longer actively involved with the ATR program? (Please check all that apply.)

- No or insufficient number of ATR clients
- Difficulty meeting Grantee's provider requirements
- Lack of organizational support for ATR program
- Other (please specify): _____

7. **For how many months has/had your organization been involved with the [Grantee's ATR Program]?**

- Months (If less than 1 month, enter "01"; if 2 years, enter "24.")

8. **Please indicate the client population groups your organization serves/served through the ATR program.** (Please check all that apply.)

- Adolescents
- Any adult clients
- Criminal justice/probation clients
- Opioid replacement clients
- Methamphetamine clients
- American Indian/Alaska Native clients
- Pregnant women or women with children
- Other (please specify): _____

9. **Which of the following modalities is offered by your organization?**

(Please check all that apply)

- Day treatment
- Inpatient/hospital (other than detox)
- Outpatient, nonmethadone
- Outreach
- Intensive outpatient
- Methadone
- Residential/rehabilitation
- Detoxification
- After care
- Recovery support services
- Other (please specify): _____
- Not Applicable

10. Please indicate from the list below which specific *clinical treatment and/or medical services* your organization provides as part of the ATR program.
 (Please check all that apply.)

<input type="checkbox"/>	We do not provide clinical treatment or medical services.	<input type="checkbox"/>	Co-occurring Treatment Services
<input type="checkbox"/>	Brief intervention	<input type="checkbox"/>	Pharmacological interventions
<input type="checkbox"/>	Brief treatment	<input type="checkbox"/>	HIV/AIDS counseling
<input type="checkbox"/>	Referral to treatment	<input type="checkbox"/>	Family/marriage counseling
<input type="checkbox"/>	Assessment	<input type="checkbox"/>	Medical care
<input type="checkbox"/>	Treatment/ recovery planning	<input type="checkbox"/>	Alcohol/drug testing
<input type="checkbox"/>	Individual counseling	<input type="checkbox"/>	HIV/AIDS medical support & testing
<input type="checkbox"/>	Group counseling		
<input type="checkbox"/>	Other Clinical Treatment and/or Medical Services, please specify: _____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		

11. Please indicate from the list below which **recovery support services** your organization provides **as part of the ATR Program**. (Please check all that apply.)

<input type="checkbox"/>	We do not provide recovery support services	<input type="checkbox"/>	Sweat lodges
<input type="checkbox"/>	Case management/care coordination	<input type="checkbox"/>	Traditional ceremonies
<input type="checkbox"/>	Family services (including marriage education, parenting and child development services)	<input type="checkbox"/>	Talking circles
<input type="checkbox"/>	Child care	<input type="checkbox"/>	Indigenous language recovery
<input type="checkbox"/>	Pre-employment services	<input type="checkbox"/>	Continuing care
<input type="checkbox"/>	Employment coaching	<input type="checkbox"/>	Relapse prevention
<input type="checkbox"/>	Individual services coordination	<input type="checkbox"/>	Recovery coaching
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Self-help and support groups
<input type="checkbox"/>	HIV/AIDS services (e.g., education, medical support, testing, counseling)	<input type="checkbox"/>	Education services (e.g., substance abuse, HIV/AIDS)
<input type="checkbox"/>	Transitional housing services	<input type="checkbox"/>	Peer coaching or mentoring
<input type="checkbox"/>	Housing support	<input type="checkbox"/>	Alcohol- and drug-free social activities
<input type="checkbox"/>	Pastoral counseling	<input type="checkbox"/>	Information and referral
<input type="checkbox"/>	Spiritual Support		
<input type="checkbox"/>	Other Recovery Support Services, please specify: _____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		
<input type="checkbox"/>	_____		

12. Do the services offered by your organization to ATR-funded clients differ from those services offered to clients not funded through the ATR program?

- Yes
- No
- Don't Know

If yes, please describe how service offerings differ between ATR-funded clients and clients not funded through the ATR program.

Section B—ATR Program Satisfaction

13. How satisfied is your organization with the voucher redemption system established by the [Grantee's ATR Program]?

- Very satisfied
- Satisfied
- Unsure
- Dissatisfied
- Very dissatisfied
- No experience

14. How satisfied is your organization with the reimbursement rates for ATR services?

- Very satisfied
- Satisfied
- Unsure
- Dissatisfied
- Very dissatisfied
- No experience

15. Which statement best describes your organization's experience with ATR regulations and policies?

- Our organization has been able to maintain its mission and character (including any religious or faith beliefs, if applicable)
- Our organization has had to alter the way it presents its mission and character (including any religious or faith beliefs, if applicable)
- I have no opinion

16. Overall, how satisfied is your organization with the [Grantee's ATR Program]?

- Very satisfied
- Satisfied
- Unsure
- Dissatisfied
- Very dissatisfied
- No experience

Section C—ATR Program Preparation Activities

In this section, we are gathering information about your organization’s experience in preparing for the ATR program.

17. Prior to enrolling in the ATR program, did a representative from your organization attend any meetings held by the [Grantee’s ATR Program] to discuss organization requirements of participation in the ATR program?

- Yes
- No
- Don’t Know

18. In preparation for participation in the ATR program, did your organization offer staff training related to the ATR program?

- Yes
- No
- Don’t Know

If yes, please indicate the type of training offered. (Please check all that apply.)

- ATR screening and/or assessment
- ATR service provision
- Voucher management
- Cultural training (e.g., competence, awareness, sensitivity)
- Data collection/data management (e.g., GPRA)
- Other (please specify): _____

19. In preparation for participation in the ATR program, did your organization request any type of technical assistance from the [Grantee’s ATR Program]?

- Yes
- No
- Don’t Know

If yes, please indicate the type of technical assistance requested. (Please check all that apply.)

<input type="checkbox"/>	Assistance with applying to the ATR network
<input type="checkbox"/>	Assistance with voucher management and data collection systems
<input type="checkbox"/>	Assistance with attracting (marketing to) ATR clients
<input type="checkbox"/>	Cultural competency training
<input type="checkbox"/>	Assistance with capacity or sustainability
<input type="checkbox"/>	Assistance in identifying which services are reimbursable from the program
<input type="checkbox"/>	Other (please specify): _____

20. **Did your organization change its administrative policies to accommodate participation in the ATR program?**

- Yes
- No
- Don't Know

If yes, what type of administrative policies has your organization changed?

- Electronic reporting and voucher tracking
- Screening policies
- Billing procedures
- Contracting procedures
- Data collection for quality assurance
- Other (please specify): _____

Section D—Client Characteristics

In this section, we are gathering information about your organization’s experience serving ATR-funded clients.

For the purposes of these questions, an **ATR client** or **ATR-funded client** is any client who has at least one service funded through the ATR program. A **non-ATR client** is any client who does not have any services funded through the ATR program.

21. **Has your organization served any ATR clients?**

- Yes
- No → **Go to Question 29**
- Don't Know

22. **Approximately what percentage of your organization’s clients is ATR-funded?**

%

23. **Of these ATR-funded clients, what percentage received services from your organization prior to being enrolled in the ATR program?**

%

24. **Approximately what percentage of your ATR clients also receive services from your organization that are not funded through the ATR program (e.g., funded from other sources such as block grant, Medicaid)?**

%

25. **In an average week, how many active ATR clients (unduplicated count of individuals) does your organization serve?**

Number of ATR clients

26. **In an average week, how many active non-ATR clients (unduplicated count of individuals) does your organization serve?**

Number of Non-ATR clients

27. **In an average week, what percentage of your organization’s clients receives clinical treatment and/or medical services in your organization?** (If your organization does not provide clinical treatment services, then please indicate 0%)

ATR clients %

Non-ATR clients %

28. **In an average week, what percentage of your organization’s clients receives recovery support services in your organization?** (If your organization does not provide recovery support services, then please indicate 0%)

ATR clients %

Non-ATR clients %

29. Which one statement best describes your experience with the number of ATR clients you have served?

- We have served fewer ATR clients than we had expected.
- We have served about the number of ATR clients we expected.
- We have served more ATR clients that we had expected.

30. Which situation(s) describes any barriers your organization has had in recruiting/enrolling ATR clients? (Please check all that apply.)

- No barriers in recruiting clients
- Inadequate outreach
- Staff not trained in ATR procedures
- Lack of marketing resources
- Program not easily accessible to ATR clients (e.g., no public transportation)
- Institutional barriers
- Cultural barriers (e.g., language barriers, not enough staff trained to work with clients with minority clients)
- Inadequate support at the grantee level (e.g., lack of training)
- Inadequate funding
- Wrong client mix
- Other (please specify): _____

31. Which situation(s) describes any facilitators that have aided your organization in recruiting/enrolling ATR clients? (Please check all that apply.)

- No facilitators in recruiting clients
- Available resources for staff training on the ATR program and its procedures
- Availability of ATR technical assistance
- Improved marketing and outreach resources
- Management support of the ATR program within our organization
- Change in organization procedures (e.g., hours of operation) to better accommodate client needs
- Establishment of satellite office near the screening and/or assessing agency
- Addition of new services to meet ATR client needs
- Other (please specify): _____

Section E—Ongoing Delivery of the ATR Program

This section of the questionnaire gathers information on the day-to-day delivery of the ATR program in your organization.

32. Who is responsible for entering ATR clients' GPRA data into the system? (Please check all that apply.)

- A clinical practitioner or recovery support service staff within our organization
- A case manager or case coordinator within our organization
- A medical records technician within our organization
- Staff at an umbrella organization that oversees the operations of our organization
- Staff outside our organization designated by grantee's ATR program
- Other (please specify): _____

33. How does your organization bill for ATR-funded services?

- Electronic voucher management system
- Paper invoice
- Third party handles billing
- Other (please specify): _____

34. How does your organization track of the number of ATR clients it serves? (Please check all that apply.)

- Do not track
- Maintain a list of clients in organization's own MIS system
- Enter and view client data in a centralized grantee-hosted ATR database
- Other (please specify): _____

35. How does your organization track the client's use of his/her voucher? (Please check all that apply.)

- Do not track
- View voucher expenditures online in organization's own MIS system
- Maintain a list of clients and client data within our organization
- View voucher expenditures on centralized grantee-hosted ATR Web site
- Contact case manager/case coordinator or agency that issued voucher
- Other (please specify): _____

36. If an ATR client's voucher does not include services that your organization thinks they need or the client's voucher has expired, what are your organization's procedures for obtaining these services for this client? (Please check all that apply.)

- Contact the assessing agency
- Contact the ATR grantee
- Find a way to provide the services through other funding mechanisms
- Provide the client with a list of possible providers outside of the ATR network
- Other (please specify): _____

37. **Does a representative from your organization usually attend organization meetings (e.g., annually, biannually) held by the [Grantee's ATR Program] to discuss the ATR program?**

- Yes
- No
- Don't Know

38. **Does your organization offer ongoing staff training related to the ATR program?**

- Yes
- No
- Don't Know

If yes, please indicate the type of training that is typically offered. (Please check all that apply.)

- ATR screening and assessment
- ATR service provision
- Voucher management
- Cultural training (e.g., competence, awareness, sensitivity)
- Data collection/data management (e.g., GPRA)
- Other (please specify): _____

39. **Has your organization requested any type of technical assistance from the [Grantee's ATR Program]?**

- Yes
- No
- Don't Know

If yes, please indicate the type of technical assistance requested. (Please check all that apply.)

- Assistance with voucher management and data collection systems
- Assistance with attracting (marketing to) ATR clients
- Cultural competency training
- Assistance with capacity or sustainability
- Assistance in identifying which services are reimbursable from the program
- Other (please specify): _____

40. **To what extent are/were the following factors *barriers* to delivering the ATR program in your organization?** Please read each statement and choose the response that best describes your situation.

	To a very little extent		To some extent		To a very great extent
a. Staff turnover	1	2	3	4	5
b. Competing priorities at this organization	1	2	3	4	5
c. Lack of available treatment or recovery support service slots for referrals	1	2	3	4	5

	To a very little extent		To some extent		To a very great extent
d. Staff's lack of time	1	2	3	4	5
e. Inadequate training and TA resources	1	2	3	4	5
f. Inadequate resources for ATR client outreach and marketing	1	2	3	4	5
g. Lack of participation, enthusiasm, and/or commitment from organization's leaders	1	2	3	4	5

41. **To what extent do/did the following factors *facilitate* the delivery of the ATR program in your organization?** Please read each statement and choose the statement that best describes your situation.

	To a very little extent		To some extent		To a very great extent
a. Your organization's ATR coordinator	1	2	3	4	5
b. Involving treatment/recovery support services staff in the initial decision to participate in the program	1	2	3	4	5
c. A champion within your organization	1	2	3	4	5
d. Making organizational changes within the organization to facilitate increased ATR activities	1	2	3	4	5
e. Having training and technical assistance available from ATR grantee	1	2	3	4	5
f. Participation, enthusiasm, and/or commitment from organization's leaders	1	2	3	4	5

42. **If you have suggestions or comments you'd like to share regarding the [Grantee's ATR Program], please write them below.**

Thank you for completing this survey! Your input will help us to gain a better understanding of how the ATR Program is performing.

If you have any questions regarding this survey, please call Cassie Williams at 1-800-###-###, ext. 2---- or e-mail her at cawilliams@rti.org.