# ACCESS TO RECOVERY (ATR) PROGRAM

#### SUPPORTING STATEMENT

#### **B. STATISTICAL METHODS**

# **B1.** Respondent Universe and Sampling Methods

The estimated number of individual respondents is 53,333 per year for the ATR grant program. The starting point for use of the measures is a census of all clients at intake.

All clients are administered the Voucher during or at the beginning of an episode of care. An episode of care begins when the client receives a voucher to enter ATR-funded treatment or services and ends when the voucher is no longer valid or active and the client is no longer receiving ATR-funded treatment or services, regardless of whether the client is receiving services funded through another source. The GPRA measures are to be collected from each client at the established data points for each episode of care. Grantees are required to track each voucher that is issued to a client. Program staff will complete a Voucher Information form whenever a voucher is issued and a Voucher Transaction form whenever funds for a voucher are redeemed (see Attachment A for an example of the aforementioned forms). A designated provider or case manager is responsible for follow-up interviews although the client may have received, or are receiving, services from other providers.

#### **B2.** Information Collection Procedures

Most provider programs collect their client information using a paper and pencil method. This project will not interfere with ongoing program operations. Providers will submit the data to the State/Tribal organization by entering the data into the State/Tribal organization's data system. Clinical staff will administer the GPRA interview, and are responsible for submitting the data to the State/Tribal organization. The providers will be instructed to review the data and check the data for errors before sending to the State/Tribal Organization and then to CSAT. For clients with baseline, follow-up and discharge interview data, their records are matched using a unique encrypted client identifier, which is developed by each program.

#### **B3.** Methods to Maximize Response Rates

The Voucher Information and Voucher Transaction tools are important sources of payment tracking for the ATR grantees. However, it is important to recognize there may sometimes be missing data, because the staff member opted not to provide a particular data element or the program failed to record the data element, or for a variety of other reasons. Steps can be taken to minimize the amount of missing data, particularly the grantees are sent on a monthly basis their cumulative Voucher Transaction and Voucher Information reports by SAMHSA. There reports may be viewed by SAMHSA and project staff for completeness. Technical Assistance (TA) is also available to the ATR grantee free of charge to their grant should they require additional resources in completing the VT and VI reports.

## **B4.** Test of Procedures

Feedback from the grantees also indicates that they routinely collect the same information requested of these data collection tools and some have integrated this tool into other tools that they routinely use to gather information. Some grantees report that they collect information in greater detail, (i.e., more response alternatives), but these are collapsed into standard categories.

## **B5.** Statistical Consultants

The names and phone numbers of the contractors and project officers are as follows:

CONTRACTORS/STATISTICAL CONSULTANTS		
Name	Address	Contact Information
Scott Novak, Ph.D.	RTI,	Phone: (919) 541-7129
Senior Analyst	3040 Cornwallis	snovak@rti.org
	RTP, MC 27709	
CSAT PROJECT OFFICER AND STAFF/STATISTICAL CONSULTANTS		
Name	Address	Contact Information
Deepa Avula	Center for Substance	Phone: 240-276-2961
Lead Social Science Analyst	Abuse Treatment,	Deepa.Avula@samhsaa.hhs.gov
	Division of Services	
	Improvement, 1 Choke	
	Cherry Rd.,	
	Rockville, MD 20857	

# **ATTACHMENTS**

A. Voucher Information and Voucher Transaction Tools