

# ACCESS TO RECOVERY (ATR) PROGRAM

## SUPPORTING STATEMENT

### B. STATISTICAL METHODS

#### B1. Respondent Universe and Sampling Methods

All SAMHSA grantees are required to collect and report certain data so that the Agency can meet its obligations under their funding agreements.

In SAMHSA programs, which are often client level/participant interventions that are dramatically different from one group to another may have insufficient population receiving a specific intervention to justify a sample. Populations from each group may not be similar and would not be appropriate to infer general findings about the successes or failures of a program because of the uniqueness of each group. Within populations, sample sizes may be too small to properly sample, leading to large sample variance and errors in findings about the programs. In these cases, where programs differ from group to group, it is important to gather data sufficient to draw statistically accurate conclusions about how the programs are performing and about what characteristics of the program may matter to the success of the program.

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care begins when the client receives a voucher to enter ATR-funded treatment or services and ends when the voucher is no longer valid or active and the client is no longer receiving ATR-funded treatment or services, regardless of whether the client is receiving services funded through another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.

In addition to the GPRA, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide. To accomplish this, SAMHSA expects grantees to utilize their data to (1) identifying subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities and (2) implement strategies to decrease the differences in **access**, **service use**, and **outcomes** among those subpopulations. There will be subpopulations where sample size is too small to properly sample and where a census would be necessary obtain relevant and reliable outcome data.

## **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. These 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:

| <b>CONTRACTORS/STATISTICAL CONSULTANTS</b>                    |  |   |
|---|--|---|
| <b>Name</b>   | <b>Address</b>   | <b>Contact Information</b>  |
| Scott Novak, Ph.D.<br>Senior Analyst                          | RTI,<br>3040 Cornwallis<br>RTP, MC 27709   | Phone: (919) 541-7129<br><a href="mailto:snovak@rti.org">snovak@rti.org</a>                         |
| <b>CSAT PROJECT OFFICER AND STAFF/STATISTICAL CONSULTANTS</b> |  |   |
| <b>Name</b>   | <b>Address</b>   | <b>Contact Information</b>  |
| Will Ferriss<br>Team Lead                                     | Center for Substance<br>Abuse Treatment,<br>Division of Services<br>Improvement, 1 Choke<br>Cherry Rd.,<br>Rockville, MD 20857 | Phone: 240-276-1658<br><a href="mailto:will.ferriss@samhsa.hhs.gov">will.ferriss@samhsa.hhs.gov</a> |

## **ATTACHMENTS**

### **A. Voucher Information and Voucher Transaction Tools**