

Access to Recovery (ATR) Fact Sheet

What is ATR?

ATR is a major federal initiative supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). This year marks the third cycle of competitive grants for states, tribal organizations and territories. This discretionary grant program represents a major system change for addiction services. 30 awards were announced this year including Oregon's project. (Oregon applied for but was not funded for ATR I in 2004.)

What is different about ATR compared to other CSAT funded discretionary grant programs?

ATR includes several unique requirements:

- An emphasis is placed on recovery support services such as peer-delivered mentoring, coaching, recovery housing, transportation, child care, care coordination and other supports vs. traditional treatment.
- The state may not “grant” funds to intermediaries or providers, but must administer services using a “voucher system”. A voucher management system must be fully implemented within four months of the official award (9/30/10). Oregon has selected Web Infrastructure for Treatment Services (WITS) as its voucher management system platform.
- There must be “free and independent choice” in the selection of recovery and treatment services among ATR participants. This means there must be at least two options provided to people seeking an array of services including community and faith-based options.

How much is Oregon's award and how long is the project funded?

ATR III is a four-year initiative. The following annual awards are projected for Oregon's project:

Year 1: \$3.35 million
Year 2: \$3.2 million
Year 3: \$3.2 million
Year 4: \$3.2 million

What areas of the state will benefit from ATR?

In year one, ATR will be piloted in five counties: Multnomah, Lane, Umatilla, Douglas and Jackson. AMH considered prevalence factors and need related to the three primary populations to be served and proximity to veterans services when selecting pilot counties. ATR will be rolled out statewide in years two through four.

Who will be prioritized for services under Oregon's ATR project?

Oregon's proposal featured strategies to focus on three populations:

- Veterans, particularly returning soldiers from Afghanistan and Iraq;
- Parents involved in the child welfare system who have accessed treatment through ITRS;
- Inmates transitioning to communities from correctional institutions who have addiction disorders and have either accessed treatment inside the walls or who need both clinical treatment and recovery support services.

The above populations are not exclusive to ATR, but there will be well-defined referral pathways for these three populations. Just over 1,300 people must be served in Year One of the project.

Will staff be hired for the project?

Three limited duration positions are included in the project budget including:

- Project Director for overall leadership, project management and compliance with all federal reporting requirements.
- Treatment and Recovery Support Services Coordinator to develop and coordinate programs and services, reaching out to non-traditional service providers that have not done business with AMH before.
- Fiscal Coordinator to ensure program integrity through analysis of financial reports, auditing, and providing assistance to providers on financial/billing issues.