

March 2010

VOUCHER SYSTEMS IN OTHER STATES

This memorandum provides information regarding the use of voucher systems in other states.

In 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) made available access to recovery (ATR) grants. The purpose of the grants was to help those suffering from substance abuse and addiction find treatment by providing vouchers to individuals needing assistance. The core elements of the ATR grant program were to expand the provider base and service continuum, client choice, and infrastructure that supports a voucher payment mechanism. North Dakota applied, but was not among the 14 states and 1 Native American tribal organization that received funding. At the conclusion of the three-year grant period and with the funding of a new round of ATR grants in September 2007 underway, SAMHSA requested a report to identify factors that facilitated or hindered the grantee's success in implementing its projects and meeting the goals of the ATR grant program. Key lessons learned from Round 1 ATR grant experiences were to be shared with Round 2 grantees as they designed and implemented their ATR grant programs. The report entitled *Access to Recovery: Lessons Learned From Round 1 Grantees' Implementation Experiences* was issued in March 2008.

Because the core elements of the ATR grants are to expand the provider base and service continuum, client choice, and the infrastructure that supports a voucher payment mechanism, most of the lessons learned lie in building, maintaining, or expanding the base of ATR grant providers; building, maintaining, or expanding the base of ATR grant clients; and implementing and operating the ATR grant system's infrastructure. However, lessons were also learned regarding the steps taken to enhance the program's future success, to evaluate the quality of the services provided, and to facilitate the sustainability of the program.

Resource materials resulting from these projects identify the implementation experiences of the 15 grantees demonstrating the feasibility of using a

voucher model for providing publicly funded treatment and recovery support services. In addition to the report on implementation experiences, published reports include a startup guide and information on client followup; recovery support services; case management; and fraud, waste, and abuse.

States receiving funding in the first round of ATR grants were California, Connecticut, Florida, Idaho, Illinois, Louisiana, Missouri, New Jersey, New Mexico, Tennessee, Texas, Washington, Wisconsin, and Wyoming.

Each state's experiences in operating a voucher model for providing substance abuse treatment services were summarized in the report as they related to the following four core elements or domains. Key lessons in each area are:

- Service provider base:
 - Treat outreach as marketing via communications.
 - Adopt a systems perspective.
 - Deliver targeted training.
- Client base:
 - Implement client outreach.
 - Ensure informed client choice.
 - Define an appropriate client base.
 - Take advantage of existing structures.
- Administrative systems and procedures:
 - Plan ahead.
 - Develop logical procedures.
 - Understand contextual issues.
 - Provide oversight.
- Outcomes of treatment and recovery support systems:
 - Assess the outcomes of treatment and recovery support services.