

TECHNICAL ASSISTANCE REPORT
FOR THE
ACCESS TO RECOVERY GRANT PROGRAM

DEVELOPMENT OF A PAPER-BASED BACKUP
VOUCHER SYSTEM

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Introduction

During the summer of 2007, the Center for Substance Abuse Treatment in the Substance Abuse and Mental Health Services Administration, (SAMHSA/CSAT) tasked its Access to Recovery (ATR) technical assistance contract, the Performance Management Technical Assistance Coordinating Center (PM TACC), to develop a set of resource materials for incoming second-round ATR grantees. The PM TACC prime contractor, the American Institutes for Research (AIR), and their subcontractor, JBS International, Inc., brought to this product-development task the experiential knowledge rooted in service to CSAT and the ATR Round 1 grantees throughout all phases of the first-round grants-- from the pre-application roll-out of the Presidential initiative, to early implementation and sustained operation of the grant programs, to their eventual close-out. SAMHSA/CSAT's selected topics for the resource materials target key issues, barriers, challenges, and decision points that faced the first-round grantees during each of these phases. They are written from the PM TACC contract's experiences with the 15 grantees that broke new ground for the substance abuse field by demonstrating the feasibility of using a voucher model for providing publicly-funded treatment and recovery services.

Some of the newly developed resource materials modify, update, and consolidate technical assistance (TA) reports emanating from the Round 1 grantees' TA experiences. Other products provide syntheses of the Round 1 grantees' experiences related to various topics central to effective and efficient planning, implementation and management of an ATR grant. CSAT has requested that these reports be made available to Round 2 ATR grantees so that the new cohort may benefit from the experience and work accomplished by the initial ATR grant recipients. Below are lists of the available reports.

SYNTHESES

- Access to Recovery Report: Lessons Learned from Round 1 Grantees' Implementation Experiences
- Administrative Management Models: Compilation of Approaches by Initial Access to Recovery Grantees
- Planning and Implementing a Voucher System for Substance Abuse Treatment and Recovery Support Services: *A Start-Up Guide*
- Setting Up a System for Client Follow-Up
- Recovery Support Services
- Case Management
- Summary and Analysis of Grantee Fraud, Waste, and Abuse Activities

TA CONSOLIDATED REPORTS

- Basics of Forecasting and Managing Access to Recovery Program Expenditures
- Compilation of Technical Assistance Reports on Rate Setting Procedures
- Development of a Paper-based Backup Voucher System
- Financial Management Tools and Options for Managing Expenditures in a Voucher-Based System: Round 1 Grantee Experiences
- Motivational Interviewing: A Counseling Approach for Enhancing Client Engagement, Motivation, and Change
- Outreach to Faith-Based Organizations: Strategic Planning and Implementation

- Strategies for Marketing Access to Recovery to Faith-Based Organizations
- Targeted Populations: Technical Assistance Examples

About this TA Report

This document, *Development of a Paper-Based Backup Voucher System*, describes how to establish a paper-based voucher system in the unexpected event that the electronic data system becomes temporarily inoperable at times during the course of the ATR grant project.

About the ATR Program

ATR is a competitive discretionary grant program funded by SAMHSA that provides vouchers to clients for purchase of substance abuse clinical treatment and Recovery Support Services (RSS). ATR program goals include expanding capacity, supporting client choice, and increasing the array of faith-based and community-based providers for clinical treatment and recovery support services. Key among ATR's goals is providing clients with a choice among qualified providers of clinical treatment and RSS. Under the ATR program, treatment and RSS can be provided by both nonsectarian and faith-based organizations (FBOs).

Methodology

An Access database, along with supporting documentation, was developed to track client demographic, Government Performance Results Act (GPRA), and treatment and recovery support services data. Included in this report are the grantee's backup recovery system preliminary instructions that list issues to be considered for the project to move forward. (*See page 3.*) Also attached to the report are the source codes for the front-end user interface (ATRBackup_FrontEnd.mde), a copy of the database file (ATRBackup_Data.mdb), and the design document for the backup system (ATRBackup_layout.doc).

Content of TA

Preliminary instructions were provided for the Backup Recovery System. The application components contain the following two files:

1. *ATRBackup_Data.mdb*: Is a Standard Access database file containing GPRA Survey and Voucher data tables, as well as lookup tables. Data should be entered into this database only via the executable front-end.
2. *ATRBackup_FrontEnd.mde*: Is used to access the executable file that contains the front-end Visual Basic interface. This file does not need to be in the same directory as the MDB file.

The application uses the following common Windows DLLs, Type Libraries, and ActiveX Controls that should be available on PCs running Access 2000.

1. *msado25.tlb*: Microsoft ActiveX Data Objects (ADO) version 2.5. IMPORTANT: If an older version of ADO (*i.e.*, version 2.1) is running, it is strongly recommended that

- the user download at least version 2.5 from Microsoft and install it. Version 2.5 is more stable than version 2.1.
2. *MSCOMCTL.OCX*: Microsoft Windows Common Controls version 6.0. This file defines the TreeView Control used on the main data viewing/editing screen.
 3. *COMCTL32.OCX*: Microsoft Windows Common Controls version 5.0. This file defines the ListView control used to display drug and service types on the GPRA interview screen. Note: The ListView control contained in mscomctl.ocx does not display list items correctly in Access 2000; it was therefore necessary to use the older version contained in comctl32.ocx.
 4. *FM20.DLL*: Microsoft Forms Controls version 2.0. This file defines the drop-down list controls used throughout the application.

Application Setup

The two application files do not need to be placed in the same directory. This allows for the database file to be placed in a secured location.

When ATRBackup_FrontEnd.mde is first launched, a setup screen will appear. This screen requires the user to enter the location of the MDB file containing the data, as well as the overall amount of money available for vouchers. The user cannot enter a database name in the text field; instead, the user should click on the <...> button to the right of the text field to browse to the database.

Note that although the user must enter an amount of funds available, there are currently no funds-usage reports in the application. There is, however, code to accommodate the addition of these reports.

The specified settings will be saved to the Windows Registry when the user clicks the <Exit> button.

Data Display

The application centralizes data access on a single main screen. This screen contains a TreeView control (similar to the layout of Windows Explorer), which allows access to the hierarchy of elements in the database. The data elements are arranged in the following hierarchy:

1. *Client*: Contains unchanging demographic data
2. *Intake*: Contains admissions of a client into the ATR Program; there can be multiple intakes per client
3. *Interview*: Contains detailed GPRA Survey information; there can be multiple interviews per intake

4. *Voucher*: Contains detailed information about voucher issues to consumers; there can be multiple vouchers per intake

When the user first opens the data display screen, the TreeView will display only the word 'Clients'. This is because there will be no data in the database. The user should double-click the 'Clients' label. The user then will be taken to the client data entry screen. Once a client has been entered, the TreeView will display the client's ID. To edit an existing client's data, the user should double-click on the client's listing in the TreeView.

The same rules apply for entering intake, interview, and voucher data and for editing existing intakes, interviews, and vouchers.

Data Entry Basics

When the client, intake, interview, and voucher data entry screens are active, required fields that are either empty or that contain invalid values will be highlighted in yellow.

The interview entry screen is necessarily the most complex screen in the application. It contains a tab for each section on the GPRA Survey (excluding demographics, which are captured at the client level). Since each interview can contain multiple drugs and services, the 'drug use' and 'services' tabs contain spreadsheet controls that list the drugs and services entered for that interview. To edit or delete an existing item, the user should click on it in the spreadsheet; its field values will appear in the fields screen. After the data has been loaded, the values can be changed. The user should click the <Save> button immediately above the spreadsheet to save changes, or click the <Delete> button immediately above the spreadsheet to delete the item.

When the user first brings up the interview entry form, a new drug or service can be added by filling in the data fields, and clicking the <Save> button immediately above the spreadsheet. If the user is working with an existing item, the <Add> button above the spreadsheet must be clicked before entering a new item.

Note that for intake surveys, the services tab is disabled. Services can be entered only for status update and discharge surveys.

Client, intake, interview, and voucher data is not physically deleted from the database. Instead, "deleted" data is flagged and will no longer appear in front-end screens.

Outstanding Issues

Listed below are outstanding issues that were provided to the grantee to move forward with the paper-based backup voucher system.

1. *Formatting of the client ID*. Client IDs are displayed using a combination of the client's Social Security number and date of birth. In the absence of a sample of the grantee's client ID format, an arbitrary format was created. If this format does not correspond with the grantee's format, a change in the client ID format will be easily performed.

2. *Incorporating data validation rules.* No logic enforcing relationships between the number of service units authorized and those used on vouchers has yet been implemented. For example, users can currently enter more units used than units authorized for a service. Data validation rules will be added once the client specifies what rules should be implemented.
3. *Moving to Visual Basic 6.0.* If any future development is planned for this application, it is recommended that the front-end interface be moved to Visual Basic (VB) 6.0. Several stability problems were encountered with Access 2000 during development of the current front-end. Note that in response to this recommendation, the grantee indicated that the electronic system works efficiently and that a conversion was not necessary.
4. *Changing custom field values.* It is suggested that the free-form TextBoxes used for entry of custom 'other' field values be replaced by ComboBoxes that allow users either: 1) to pick an already-entered 'other' value for the appropriate field or 2) to enter a new value.