

INFORMATION ... foundation for good policy

The Department of Mental Health and Addiction Services A Healthcare Service Agency

M. Jodi Rell Governor

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Thomas A. Kirk, Jr., Ph.D. Commissioner

ATR: A GOOD RETURN ON INVESTMENT

Access to Recovery (ATR) is a **3-year, \$22.8 million grant** awarded to Connecticut in 2004 by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). This grant increased substance abuse treatment capacity while ensuring **informed choice** by service participants who self select from a compliment of clinical substance abuse treatment and recovery support services. Unique to this grant is its focus on non-clinical *services that support recovery*. The current ATR grant ends on August 2, 2007.

ATR Services & Supports:

- Housing
- Transportation
- Vocational/Educational
- Case Management
- Faith- and Peer-based services
- Basic Needs, (food, clothing, etc.)
- Substance Use Treatment (Intensive outpatient, methadone maintenance, brief treatment)

ATR Works! "Optimal Outcomes"

As reported upon discharge

- 87% were abstinent from alcohol and drugs
- 40% increase in employment

18,368 People Served to Date!

- 60.1% were Male
- 39.8% were Female
- Mean age 38.1 Years (Ranging
- 18 90yrs.
- 36.5% White;
- 37.3% African American;
- 15.8% of Hispanic Origin.

98% reported no arrests, jail or prison time



"[With help from ATR] I rebuilt relationships with my family, I've maintained employment, renewed my relationship with God, got engaged, I have rebuilt bridges that were once burnt and have become a productive member of society rather than a menace."

-- ATR Recipient

ATR: A Good Return On Investment!

- Less costly recovery supports—e.g. housing, transportation, vocational, basic needs like food and clothing—appeared to be more effective than clinical services (treatment) alone in decreasing use of alcohol and other drugs.
- People were 1.5 times more likely to achieve the Optimal Outcomes (no drug or alcohol use; living independently; gainfully employed; no arrests, jail or prison time) if they received ATR short-term housing support.
- Overall, data reveals the combination of clinical and recovery support services are more predictive of a decrease in substance abuse, jail time/arrests, housing and employment.

What has been accomplished through ATR?

- Served **over 18,000 unduplicated individuals,** surpassing the proposed target number of 17,000
- Over 6,000 assisted with congregate sober housing or independent housing
- Over 7,000 selected faith-based services
- Reached **new individuals**, with 40% of ATR recipients having no prior history within the DMHAS system
- Established **5 regional networks** to provide a full continuum of clinical and recovery support services, with **32 clinical substance abuse treatment** and **86 recovery support providers**.