



Maryland RecoveryNet

Access to Recovery

Maryland's Access to Recovery (ATR) initiative, known as RecoveryNet, is designed to support patients who are in recovery from substance use disorders. The program is designed to provide client choice among recovery support service providers, expand access to a comprehensive array of resources (including faith-based options), and increase substance abuse treatment capacity.

After qualifying to receive benefits, individuals will be able to use RecoveryNet vouchers to purchase a variety of services. These can include supportive housing; extended residential treatment in halfway houses; pastoral and family counseling; care coordination; transportation to and from treatment and recovery support services; and job readiness counseling from a menu of eligible community and faith-based providers.

In Maryland in FY 2009 8,000 individuals were diagnosed with substance use disorders severe enough to warrant treatment in publicly funded residential programs, costing an average of \$37,704 per treatment episode. The percentage that follows through with outpatient treatment is 26%, at best. The ATR program focuses on this population to help improve our transition rates and support clients in the early stages of their recovery.

Who? Individuals in residential treatment programs (Levels III.7, III.5 and III.3) for a substance use disorder, including programs within the Department of Corrections and the Veterans Administration, who are being discharged into their home communities. Other ATR access points include specific outpatient facilities that are designated partners with the ATR program.

What? This grant provides approximately \$3 million per year for four years to purchase both clinical and recovery support services for patients in every region of the State. The services that could be offered in your community include:

- Halfway House
- Family Counseling
- Employment Services and Job Training
- Care Coordination*
- Recovery House
- Transportation
- Vital Documents
- Gap Services

*required by the grant

Why? Individuals diagnosed with substance use disorders severe enough to warrant treatment in residential programs utilize a large portion of our treatment dollars. Unfortunately our success with long term recovery for these individuals has not been very good. While the system is designed to engage those exiting from residential treatment into ongoing care to increase the opportunity for a successful outcome, in actuality the percentage of those that successfully follow through with that engagement is small. It is probable that these patients re-enter the treatment system later after further disease progression. A revolving door recovery is often the result. In this cycle we often see further deterioration of both the individual and family, with the associated high cost to the community and systems that support individuals and their families. The cost to our support systems is not only monetary but also in decreased access to services for new patients.

Where? The ATR initiative is a state-wide effort that is broken into three regions – Baltimore City, Central and Western Region and Eastern and Southern Region. Each region is assigned RecoveryNet Assets based on data related to the number of their residents that utilize residential treatment and the regions they discharge to. Each region has partnerships with a variety of designated clinical and recovery support services in their communities. The Regional ATR Coordinators manage the dollars and the resources for each region. There is a prescribed cap on services per individual, per service and per region to insure that there is equity in the service dissemination, per patient, per region.

When? The ATR project began in February 1, 2011 and runs through September 30, 2014.

How? All patients referred for care coordination will receive an assessment of needs to help identify the ATR services that will be helpful to a patient's ongoing recovery. Patients will receive assistance in choosing providers of the services that they need from a list of qualified providers. Care Coordination, a required voucher service, will be the lynchpin to insure that each ATR Participant has the means and motivation to utilize the services they have selected. As a requirement of our federal monies each participant agrees to complete an assessment at three key stages of their ATR participation. The jurisdictions in each region will collaborate to decide the clinical and support services they want to offer. Regional ATR Coordinators will oversee the recruitment and application process of ATR service providers (at least two per service, striving for at least one of the two to be faith-based and one to be secular), oversee services for individuals in their region, monitor the provision of services, coordinate the network of clinical and recovery support service providers and manage the data and fiscal reporting required by the grant.

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or visit <http://adaa.dhmh.maryland.gov/SitePages/RecoveryNet%20ATR%20III.aspx>