

PROVIDER NETWORKS

*STRATEGIES TO STRENGTHEN ADDICTION TREATMENT and
PREVENTION SERVICE SYSTEMS*

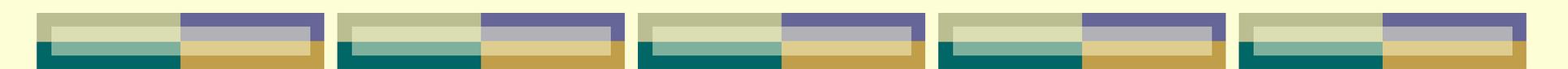
JULY 2009

Shannon Taitt

Kathleen Nardini

Becky Vaughn

Nancy L. Hamilton



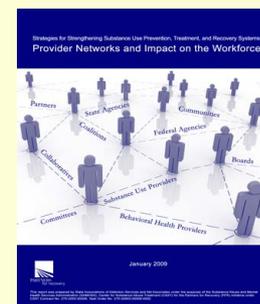
Introduction - Workshop Agenda

- **Introduction** – *Shannon Taitt, M.P.A., SAMHSA/CSAT PFR Coordinator (10 min.)*
 - **Provider Networks Study** – *Becky Vaughn, MEd., E.D., SAAS (30 min.)*
 - **Provider Perspective of Central Florida Behavioral Health Network (CFBHN)**, *Nancy L. Hamilton, M.P.A., C.A.P., C.C.J.A.P, C.E.O. of Operations PAR (30 min.)*
 - **Group Questions and Discussion** – *Shannon Taitt and Workshop Participants (20 min.)*
 - **Group Exercise on Forming a Network** – *Workshop Participants and Presenters (60 min.)*
 - **Summary - Lessons Learned, Network Services and Benefits, and Recommendations on Forming Provider Networks** - *Kathleen Nardini, M.A., Abt Associates PFR Project Manager (20 min.)*
- 



Workshop Provider Networks

- This effort was supported by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT), Partners for Recovery Initiative (PFR), under subcontract to State Associations of Addiction Services (SAAS).
- It builds on recommendations from an earlier SAMHSA report: "Strengthening Professional Identity, Challenges of the Addiction Treatment Workforce".
- It is based on the Provider Networks Report prepared by PFR and SAAS under PFR.



Introduction – Challenges

- The addiction treatment provider system is confronted with a variety of challenges in today's environment.
 - Shrinking resources
 - Increasing demands to demonstrate outcomes
 - Patients with complex sets of problems
- Small and large providers are affected



Introduction - Solutions



To survive and grow, agencies must:

- **Find new methods of collaborating** in order to maximize resources, retain staff, find strength and stability in a changing marketplace
- Provide higher quality services based upon sound and appropriate evidence-based practices

Introduction - Overview

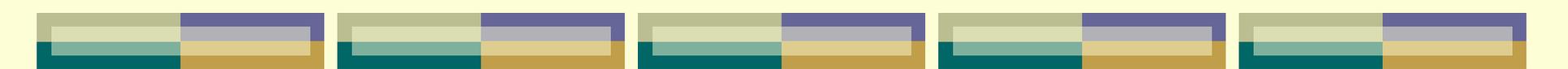
- Challenges from one part of the country are truly not that different in other regions
- Examining various types of collaborations can illustrate strategies and structures that can strengthen and support local providers
- Lessons can be learned from our peers across the country that may be replicated in our communities



Introduction -Workshop Goals

- For participants to learn about **nine successful addiction and behavioral health provider networks** that are highly diverse in size, scope, complexity and service array
- To stimulate discussion about the benefits of networks and potential applications in your State or community





Provider Networks Study - Network Features

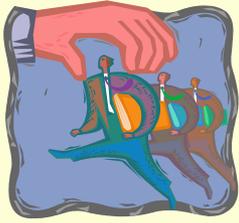
- A diversity of network structures including:
 - free standing non-profit organizations
 - networks where one organization is the administrative lead
 - networks that are non-incorporated coalitions of providers
 - Innovative collaboration such as sharing staff, joint projects, shared management functions, and purchasing
 - Innovative networking mechanisms including joint funding, co-location, common client tracking systems, and cross training
 - A wide range of business agreements from negotiated contracts to “good faith” verbal agreements
 - Diverse scopes of service including both direct client services to the community and services to network members
- 

Provider Networks Study - Project Approach

Networks were loosely defined as collaboration between providers for the purpose of:

- improving access to specialized services
- expanding services
- coordinating care
- treating people with co-occurring mental, substance use, or physical disorders
- sharing staff, sharing information technology, sharing of other administrative and management functions, co-locating staff or programs, planning
- achieving economies of scale or enhancing revenue





Provider Networks Study – Selection Criteria

At least two separate cooperating agencies	At least one network must be a large, formalized network
At least one network should consist of only two agencies	Only one network per State and geographically diverse
Operational for at least five years and respond to workforce challenges	At least one member organization must provide addictions treatment
At least one network member organization must provide non-addictions-related services, (e.g. housing, primary care, mental health, etc.)	At least one network should serve a minority or underserved population

Provider Networks Study - Nine Case Studies



California	CAARR	California Association of Addiction Recovery Resources
Florida	CFBHN	Central Florida Behavioral Health Network
Illinois	Project WIN	Wellness Initiative Network
Maine	MJTN	Main Juvenile Treatment Network
Massachusetts	BHSN	Behavioral Health Services Network
Nebraska	Touchstone	Touchstone
New York	NCBHN	North Country Behavioral Healthcare Network
North Carolina	GCSA	Guilford County Substance Abuse Coalition
Oregon	OTN	Oregon Treatment Network



Provider Networks Study - Standard Protocol for Information Collection

Organizational History	Mission, Values, and Vision
Network Structure	Membership
Geographic Area	Staffing
Support	Range of Services
Collaborative Efforts	Workforce Development
Strengths of the Network	Challenges of the Network
Considerations in Forming a Network	Looking to the Future





California - California Association of Addiction Recovery Resources (CAARR)

- **Mission** - to encourage development, expansion and quality of **social model programs** through advocacy, education, training, and role modeling
- **Large multiservice membership non-profit association, 501 (c) (3):** 150 member agencies, 100 recovery homes, and individuals, supported by **membership fees, grants and contracts, \$1.5 mil budget**





California - CAARR

- Provides training, technical assistance, legislative services, other membership services, and management oversight to several small nonprofit programs
- Hosts one of the State's counselor certification boards
- Trains and certifies “Sober Living Environments” (e.g., sober houses or recovery homes).



California - CAARR

- **Range of Services**

- Training and workforce development conferences
- TA
- Legislative monitoring
- Administrative management
- Advocacy
- Formal and informal communication



- **Strengths of the Network** – wide range of membership services offered, various levels of membership, supports operations of community-based providers

- **Challenges of the Network** – serving expanded criminal justice population

- **Considerations in Forming a Network** – solid commitment of member organizations, and mechanism for supporting productive communication



Illinois – Project Wellness Initiative Network (WIN)

- **Mission** – Multiagency, multiservice collaboration to provide coordinated care in areas of mental health, medical health, and substance use treatment, and housing to **homeless adults**.
- **Background** – Created from grant funds from HUD. Members include: Cook County Department of Public Health (CCDPH) (State lead agency), and 7 non-profit community based organizations as partners that provide services
- **Informal structure** of 3 standing committees

Illinois - Project WIN



- **Range of Services:**

- Clinicians provide outreach and onsite services to clients: broad team to focus on a specific population with multiple problems
- Offer shelter, care coordination, comprehensive assessment, mental health services
- Addictions treatment and recovery services
- Primary health care services
- Entitlement and disability benefits assistance
- Emergency dental/oral services
- Eye exams and eyeglass referrals

Illinois - Project WIN

- **Strengths of the Network:**

- Community agencies collaborate to provide expanded service array to a targeted population to reduce access barriers
- Direct service staff provide site-based services to better service difficult to treat clients

- **Challenges of the Network:**

- Require matching funds by participants
- Staff turnover disrupts service continuity
- Setting measurable goals



- **Considerations in Forming a Network:**

- Know your partners
- Build on collaboration and minimize competitiveness in membership
- Complementary members work best
- Access nontraditional sources of funding



Maine - Maine Juvenile Treatment Network (MJTN)

- **Mission-** expand capacity of State to **treat adolescents with substance use disorders**. Coordinates a **statewide system** to identify, screen, and refer adolescents with substance use issues to participating substance use treatment providers
- **Supported and coordinated by contract** of approximately \$350,000 from **Maine Office of Substance Abuse** and other related State programs awarded to Day One; a **501(c)(3) nonprofit community-based** prevention and treatment agency



Maine - MJTN

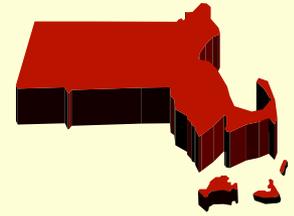
- **Range of Services:**
 - Funding, training and workforce development
 - Client screening, referrals, and support
 - Provides needs assessment and systems capacity building
 - Data collection and analysis
 - Networking and communications
- **Priority to develop a trained workforce for adolescent treatment by:**
 - Assessing workforce training needs
 - Providing training
 - Implementing and adopting evidence-based practices
 - Requiring best practices
 - Facilitating communication in network

Maine - MJTN

- **Strengths of the Network**
 - Builds statewide capacity for adolescents
 - Identified referral source
 - Setting a standard of care
 - Uses a common screening tool
 - Developed IT capacity to collect data
 - Highly affordable, serves as successful collaborative model
- **Challenges of the Network** - need for adolescents to be referred for evaluation and services instead of being penalized for substance use
- **Considerations in Forming a Network – State agency as partner and funder where providers can:**
 - Build collaborative relationships
 - Develop responsive infrastructure and data base capacity
 - Use common tools such as screening tool



Massachusetts - Behavioral Health Services Network (BHSN)



- **Mission-** meet behavioral health needs of **low income, marginalized, underserved in community population**. Provide **preventive and clinical services** for children, families, and individuals using systems of care principles.
- **Decentralized system** of (private and not-for-profit) provider agencies that provide supportive housing, substance use disorders treatment and mental health services for persons with **substance use and co-occurring disorders**. **Informally organized coalition**. Network provides referrals and resources.
- The Somerville Mental Health Association serves as the lead agency for the network and **provides communication activities and network support**.



Massachusetts - BHSN



- **Range of Services that support providers and consumers:**
 - Web site to inform and exchange information and share resources
 - Network performs ongoing needs assessment in community
 - Community and mental health services
 - Health promotion
 - Family recovery services
 - Homelessness prevention
 - Suicide prevention
 - Youth crisis response network
- **Strengths of the Network are through collaboration, innovation and availability of expanded services**
 - Community effort to build and support network of service providers: behavioral health, primary health, housing, education, other social services
 - Includes providers, payers, and State licensing regulators



Massachusetts - BHSN

- **Workforce Development** – shared in-service education requirements and training available using shared resources
- **Challenges of the Network**– scope of activity limited due to absence of formal structure and scarcity of overall resources
- **Considerations in Forming a Network:**
 - Assess needs in community
 - Identify how organizations can respond
 - Assess provider readiness to respond
 - Involve clients in how network should serve clients
 - Identify how network would benefit participating organizations



Nebraska - Touchstone

- **Mission** – form a substance use and co-occurring disorders short-term residential treatment facility
- **Founded by two 501 (c)(3) non-profit residential programs:**
 - Houses of Hope (addictions populations): corporate umbrella
 - Center Pointe (mental health populations)
- **Structure** - Contract and MOU between agencies. Share in provision of clinical services. Co-located staff.
- **Support** – primary source of funding is **State contract**. Additional funding streams have been added. **Medicaid** covers small portion



Nebraska - Touchstone

- **Range of Services:**
 - 22 beds
 - Intake
 - Individual and group services
 - Nursing and medical services
 - Case management
 - Community daily living skills
 - Recreational therapy
 - Crisis response
 - Introduction to self-help programs
 - Follow-up after discharge
- **Strengths of the Network – true synergy of two agencies:**
 - Shared management structure
 - Integrated model for treatment of co-occurring disorders

Nebraska - Touchstone

- **Challenges of the Network:**
 - Developing a common language and vision
 - Collaborative decision making
 - Adequate funding
 - Staff challenges (different philosophies, developing unified approach and policies and procedures)
- **Considerations in Forming a Network:**
 - Work out details in advance
 - Create forums for discussion and problem solving
 - Look for complementary mission and culture of agencies
 - Seek to create equal partners
 - Collaboration can occur with many agencies or two



New York – North Country Behavioral Healthcare Network (NCBHN)



- **Mission** – connects and supports behavioral health providers to **strengthen service delivery through collaboration**, and brings the necessary resources together among its partners
- **501 (c)(3) nonprofit rural behavioral health care network serving 6 upstate New York counties:**
 - Provides an array of services for adults, adolescents, children, elderly people, and Native Americans.
 - 20 active organizations, board members, officers
 - North Country Management Services (NCMS)
- **Support** – grants, and modest membership, income generated by NCMS, and fees dues



New York - NCBHN

- **Range of Services:**
 - The network provides: organizational capacity building, facilitation of collaborative services, community needs assessment, training, and workforce development. NCMS provides business products, TA, management support and legislative liaison services.
 - Network members provide services in substance use disorders, mental health, primary health, developmental disabilities, temporary housing, prevention, and education and advocacy.
- **Strengths of the Network include:**
 - Maintain high quality professional staff
 - Non-competitive collegial environment
 - Responsive governance structure
 - Venues for member communication and input
 - Services support business infrastructure





New York - NCBHN

- **Challenges of the Network:**
 - Seek funding through grants
 - Grow NCMS to obtain increases in revenue
 - Add more members to further strengthen the network
- **Considerations in Forming a Network:**
 - Incorporate democracy
 - Establish recognizable identity quickly
 - Charge dues
 - Senior leadership must be involved
 - Assess needs
 - Be responsive to member needs



North Carolina - Guilford County Substance Abuse Coalition (GCSAC)



- **Mission** – form a **diverse, inclusive network** to support comprehensive approaches to treatment and prevention services, using **EBPs** to **integrate** substance use and mental health disorders treatment with primary care
- **Non-profit 501 (c)(3) coalition of member organizations (72) from community sectors:** hospitals, physicians, schools, law enforcement, local government, community organizations, and faith-based organizations.

North Carolina - GCSAC

- **Range of Services** (Does not provide direct services):
 - Maintains active and engaged coalition of community stakeholders
 - Facilitates community mobilization, planning, and implementation of services
 - Assesses substance use service needs for county
 - Supports adoption of EBPs
 - Builds community awareness
 - Disseminates information
 - Supports targeted efforts for prevention of substance use among youth



North Carolina - GCSAC

- **Strengths of the Network:**
 - Plays key roll in assessing community needs
 - Broad based community representation to support capacity building including both individuals and organizations
 - Provides neutral forum for diverse interest groups, advocate for provider network
- **Considerations in Forming a Network:**
 - Need the full involvement of community through support and motivation to make an impact





Oregon - Oregon Treatment Network (OTN)

- **Mission** – coordinates efforts of 5 non-profit treatment and prevention of substance use and co-occurring disorders organizations in central Oregon
- **Structure** – 501 (c)(3) nonprofit network that serves as a fiduciary agent for a series of grants for network members. Also has membership dues. Statewide network with small governance structure and committees
- Part of **NIDA Clinical Trials Network**; funded by grants and membership dues



Oregon - OTN



- **Range of Services:**
 - **Network membership services are provided, members receive grants and contracts to train member agency staff**
 - Members provide a full array of clinical services for adults and youth with substance use and co-occurring disorders
 - Members participate in NIDA Clinical Trials Network
- **Strengths of the Network:**
 - Spans all levels of clinical care in variety of communities
 - Serves all age groups, and diverse racial and linguistic groups
 - Common quality assurance and quality improvement protocols
 - Close working relationship with a major research institution
 - State-of-the-art clinical programs
 - Minimal competition between agencies due to different geographic regions.



Oregon - OTN



- **Challenges of the Network:**
 - Limited enrollment to minimize competition
 - State funding strategies are a continuing concern
 - Use use of technology across large geographic areas reduces access problems
- **Considerations in Forming a Network:**
 - Pick partners carefully
 - Real value must be created for network to survive
 - Relationships among members must be complementary and supportive

Florida - Central Florida Behavioral Health Network (CFBHN)



- **Mission** – provide well-managed and integrated behavioral health services that increase access and improve continuity of care to vulnerable populations.
- **Structure**
 - 501 (c)(3) not-for-profit network of 19 mental health and substance abuse providers in nine counties providing publicly funded behavioral health services. It has 22 full-time employees.
 - The network is a management entity, an **Administrative Services Organization (ASO)**. It coordinates county-based planning, training, and technical assistance to providers.



Florida - CFBHN

- **Range of Services (provider network management):**
 - Strategic planning
 - Regional planning
 - Quality improvement/management
 - Utilization management
 - Financial management
 - Information management
 - Provider services: contracts, purchases, and distributes State and Federal funds for mental health and substance use services
- **Strengths of the Network:**
 - Low administrative costs - economies of scale results in lower administrative costs
 - Data driven and consumer focused planning process
 - Braided and blended public dollars to create unique service arrays
 - Unified systems of care and recovery-oriented systems
 - Multiple venues for membership input
 - High level outcomes
 - High level of membership service
 - High-quality professional staff



Florida - CFBHN

- **Challenges of the Network:**
 - High level of oversight and reporting to funders
 - Need sophisticated IT infrastructure to support network and track transactions
- **Considerations in Forming a Network:**
 - Develop successful IT systems for support
 - Regularly assess member needs
 - Commit to quality improvement process
 - Clearly define mission

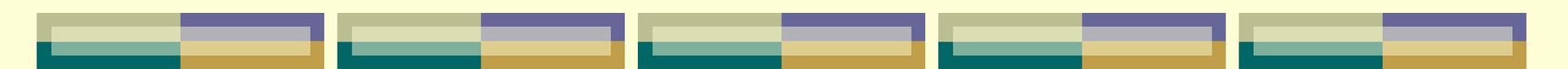




Central Florida Behavioral Health Network - *Managing Entities*

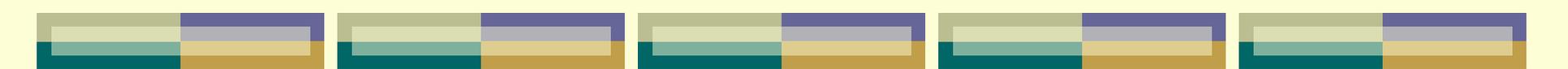
A Provider's Experience
Nancy L. Hamilton, MPA, CAP,
CCJAP





Typical Funding Process

- **Contracts- General Information:**
 - Funders contract with multiple providers of services
 - Requires increased FTEs to monitor
 - All contracts are unique
 - Changes to contracts tedious & seldom quick
 - **Contract Complexities:**
 - Costs increase –available funds for services decrease
 - Large variations in effectiveness & quality of services
 - Difficult to respond to needs of community or to adopt EBP quickly
 - Each provider has own back office infrastructure
- 



Present Movement

- **Needs of Providers for Successful Network:**
 - Reduced Funders Budget create need for economies of scale.
 - Need for consistent Evidence-Based practices
 - Need for consistent/common data for accountability & planning.
 - Need for a system of care as an integrated, person- or family-centered, community-based, accessible & comprehensive continuum of services - (<http://www.systemsofcare.samhsa.gov/>) built on specific principles & values.
 - Either For-Profit Managing Entities or Provider Run Managing Entities - very competitive.

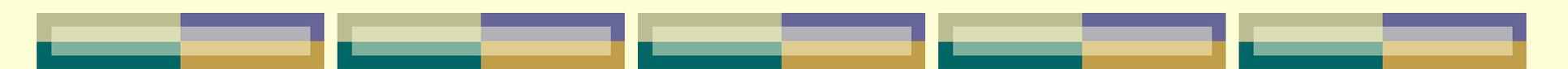
CONTROL YOUR FUTURE



Why Participate?

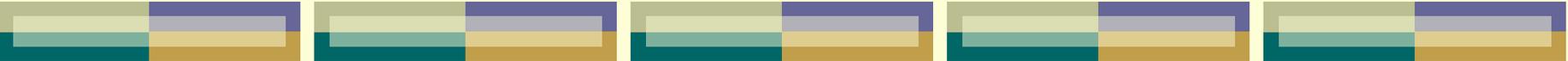
- You are either on the bus or chasing it trying to get on – As the economy dictates – funders seek to save money by contracting with a fewer entities who then sub-contract for the services
 - *Reduces funder expenses – reduces FTEs*
 - *Shares Managing Entity Costs across contracts*
 - *ME has to perform QI, Contract Compliance*
 - *\$\$\$ can be moved & contracts amended much faster*
 - *Providers share best practices & everyone improves*





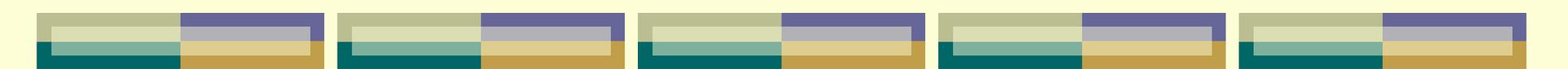
An Example of Provider Managing Entity

- **CFBHN** - created in 1997 as a Florida not for profit 501(c) 3 community services network
 - **Substantial Growth:**
 - Initially a collaboration of 6 substance abuse providers
 - First small contract from the Department of Children and Families (DCF) for \$445,382 in HIV services & Supplemental Security Income (SSI) funds, producing 9,071 units of service.
 - By 2001, CFBHN executed contracts for over \$3 million and hired its own staff.
 - In June 2002, the CFBHN Board of Directors was reorganized to include nineteen major providers of substance abuse & mental health services in the Sun coast Region & Circuit 10.
 - **Currently:**
 - Manages over 40 million in funding from variety of funders
 - Identified by SAMSHA as a model for managing entities
-



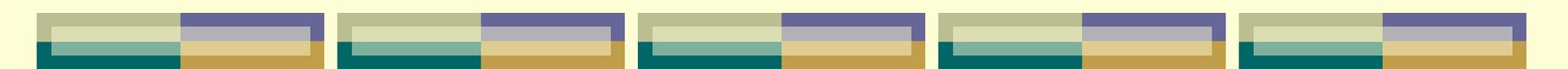
Other Goals

- **Central Florida Behavioral Health Network, Inc. (CFBHN) was created to develop:**
 - Responsive systems of care
 - Achieve administrative efficiencies in the financing of care
 - Ensure optimum accountability for the resources provided to support that care
 - **Goal is to provide:**
 - Well-managed & integrated behavioral health service delivery systems that increase access to care
 - Improve continuity of care to vulnerable populations, prevent duplication of effort
 - Reward efficiencies
 - Encourage exemplary practices
- 



Board of Directors

- **CFBHN allows representatives from provider agencies to:**
 - Sit together at both the regional & Board of Directors' levels
 - Enhance service coordination
 - Braid & blend funding for maximum benefit
 - Reduce service “silos”
 - **CFBHN established processes for subcontractors to:**
 - Implement evidence-based & promising practices for similar programs across agencies
 - Share administrative functions
 - Leverage resources through collaboration
 - Align for effective advocacy on behalf of consumers and families
 - **Community members & consumers are full Board Members**
 - **Other Provider staff (CFOs, COOs, IT staff, etc.) sit on sub-committees to solve problems & improve processes**
-



Political Power

- CFBHN members work closely with the State process:
 - The network (*as well as its members*) sit on the Boards of FADAA & FMH Association, & other community boards
- CFBHN members work closely with legislators to pass the Managing Entity Bill to strengthen the future of the Network

**Together we stand – individually we struggle
to survive**



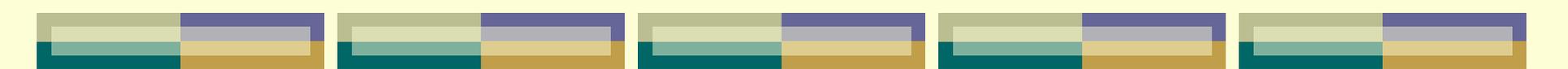
BUT You Must Wear Two Hats



PROVIDER

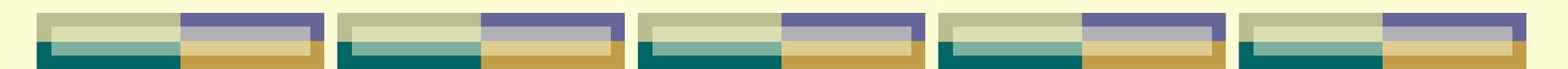


BOARD MEMBER



Group Questions and Discussion

- Is there a compelling **need** for building, changing or enhancing a network?
 - Who are the **key players** and are the key players in agreement with this?
 - What will the collaboration/network **do**?
 - How can/will collaboration/network **add value** to your system?
 - What might this **cost** and are there **resources** available to support this effort?
 - Will **senior leadership** from organizations commit to working together collaboratively to develop a **plan of action**?
 - What are **next steps** moving forward?
- 



Group Exercise

Forming and/or Joining a Network

Scenario

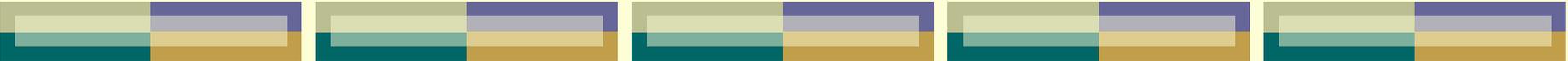
Small groups



Questions

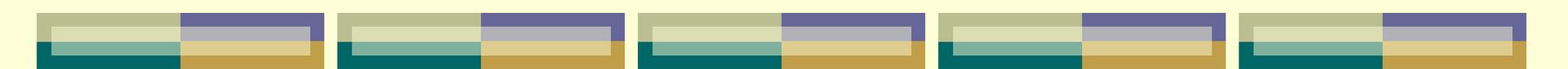
Report back

Use questions in group exercise



Recovery-oriented Systems of Care (ROSC) SCENARIO

- **Need to form a network to support ROSC**
 - **Definition of ROSC** – a network of organizations, agencies, and community members that coordinate a wide spectrum of services to prevent, intervene, and treat substance use health conditions.
- 



Recovery-oriented Systems of Care (ROSC) SCENARIO

- **Key players** include substance use treatment and prevention providers, and mental health care providers, but need to include more providers that support recovery. Who else should be in the network?
 - **Collaboration/network will** coordinate and refer clients to the provider(s) that best meets the clients needs on pathway to recovery. Providers will deliver services to clients and families in community.
 - **Collaboration/network will add value** by coordinating services and enabling the delivery of comprehensive menu of recovery-oriented services across the continuum of care. Describe.
 - Consider **costs and resources**.
 - Obtain **commitment from senior leadership**.
 - **Develop plan of action** How will the network operate?.....
-

SUMMARY



- Lessons Learned
- Network Services to Membership
- Benefits of Networks to Providers and Communities
- Recommendations on Forming Networks



Lessons Learned

- Networks can be used as a strategy for remaining competitive in the marketplace by:
 - Creating economies of scale,
 - Sharing resources, and
 - Creating a stronger voice in agency and legislative processes.
- The formation of networks enables providers to better create a continuum of care and offer a richer array of services at all levels of care.

Lessons Learned



- Networks have the ability to improve client access and retention, coordination of care, team approaches to service, and can enhance collegial input.
- Networks can create rich opportunities to train and develop the workforce.
- Network services to membership span a full range of options and are determined by needs and interests of participants.

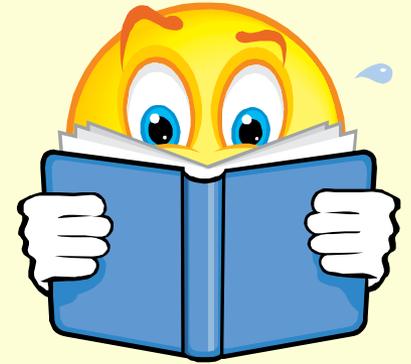
Lessons Learned



Types of Networks in this study

- **5** free standing 501 (c)(3) (California - CAARR, Florida - CFBHN, New York - NCBHN, North Carolina - GCSAC, and Oregon - OTN)
- **3** have an agency serving in a role as lead and fiduciary agent (Illinois - Project WIN, Maine - MJTN, and Nebraska - Touchstone)
- **1** is a coalition of providers (Massachusetts - BHSN)

Lessons Learned



Commonalities among Networks:

- **Add value** to the membership
- **Collaboration** among network members is promoted and emphasized. Competition among providers is viewed as counterproductive.
- **Collegiality and peer-to-peer network** is viewed as highly valuable
- **Highly participatory**
- **Formal and informal TA** is available through networks
- **Advocacy** is a function of most networks
- **Workforce development** focus area among networks



Lessons Learned

Impact on the Workforce – Infrastructure:

- Networks have many **infrastructure** elements to support high-quality workforce development in:
 - Recruitment, training
 - Professional development
 - Credentialing.
- Networks have fairly **direct access** to the workforce and a physical location where **training** can be conducted.
- Networks provide rich opportunities for **expanded training and professional development**. These trainings range from traditional workshops, to in-depth skills focused training, coaching, and mentoring.

Lessons Learned



Impact on the Workforce - Recruitment and Retention:

- **Job sharing and co-location** of staff are innovative roles offered through networks that can assist in the recruitment process.
- **Peer-to-peer support** and assistance is available through networks, which supports and empowers clinical staff.
- **Clinical supervision, staff training, and professional development activities** (including subsidization of training and credentialing costs) reinforces **staff commitment** to the agency.



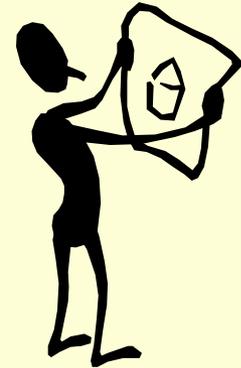
Lessons Learned

Impact on the Workforce – Professional Development:

- Networks provide **supervisory training, coaching, and mentoring.**
- Contracts are available to prepare workers for **certification and licensing.**
- Networks provide **training on EBPs.**
- Rich opportunities are available for professional development for **staff training for classroom and on-line courses.**

Network Services to Membership

- Provider Network Management
- Strategic Planning for Network
- Shared Quality Improvement/Quality Management
- Financial Management
- Information Management



Network Services to Membership

- Workforce Development
- Organizational Capacity Building
- Facilitation of Collaborative Efforts between and among Providers
- Advocacy at the State and Federal Level
- Public Education and Outreach



Network Services to Membership

- Accounting Services
- Group Purchasing
- Program Design
- Grant Coordination
- Acting as a Fiduciary Agent



Benefits of Networks to Providers

- Aid in the survival and sustainability of an organization
- Provide shared administrative functions across programs
- Provide competitive advantages pursuing grants and contracts
- Provide advocacy



Benefits of Networks to Providers

- Provide access to funding, collaboration on grants, advertising and marketing, shared staffing, group purchasing, and other economies of scale
- Provide peer-to-peer assistance
- Participation in a network provides access to resources that otherwise may be unavailable (e.g. IT resources, TA)



Benefits of Networks to Communities

- Partnerships among providers, allied service organizations, and community
- Improve access and coordination of services to persons in community
- Bring together a broad array of services to support individuals and families in treatment



Benefits of Networks to Communities

- Improve communications among patients and organizations involved in other services
- Patients respond better to treatment when care is coordinated and provider responses are integrated
- Networks can play a vital role in needs assessment, gap analysis, and service planning



Recommendations - Network Formation

- Clearly define your **vision** for the organization based on a commitment to services.
- Regularly **assess needs** of your members and of the communities you serve.
- Identify how your organization and others can **respond** to those needs.
- Having the **State agency** as a **partner and/or funder** of the network can be beneficial.





Recommendations – Network Formation

- Identify how the network will be of benefit to the participating organizations.
- Identify the value created through the network.
- Create an environment where providers can build collaborative (not competitive) relationships. This is a key to success.
- Have a mechanism that supports open and productive communication to resolve any issues and differences among providers.

Recommendations – Network Formation

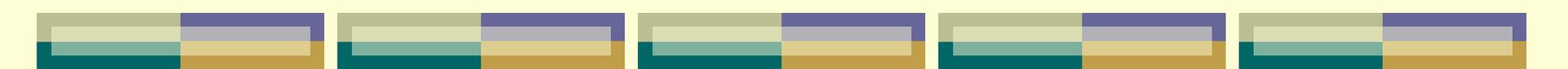
- Develop infrastructure that is responsive to the needs of the populations served and the network membership.
- Network partners should be selected based on their ability to be complementary and supportive to others in the network.
- Seek to create equality among partners and incorporate democracy in operations.
- Senior leadership of member organizations must be involved.



Recommendations – Network Formation

- Incorporate and establish a recognizable identity for the network
- Access to IT Infrastructure is recommended
- Commit to an ongoing process of quality improvement





SPECIAL THANKS TO THE PROVIDER NETWORKS WHO PARTICIPATED IN THIS STUDY

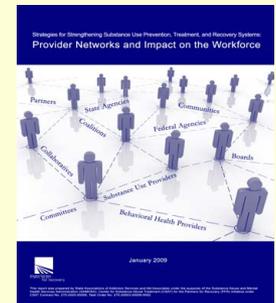
These successful networks grew out of the dedication, inspiration, and hard work of individuals working to provide quality services to patients suffering from the disease of addiction. The organizations described in this report and presentation shared information about their network generously and freely.



Thank You

Be sure to pick up your copy of:

Strategies for Strengthening Substance Use Prevention, Treatment, and Recovery Systems: Provider Networks and Impact on the Workforce



It can also can be viewed and downloaded from
<http://www.pfr.samhsa.gov> and <http://www.saasnet.org>

