

TECHNICAL ASSISTANCE REPORT
FOR THE
ACCESS TO RECOVERY GRANT PROGRAM

STRATEGIES FOR MARKETING ACCESS TO
RECOVERY TO
FAITH-BASED ORGANIZATIONS

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1. 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 report, *Strategies for Marketing Access to Recovery to Faith-Based Organizations*, specifically addresses the issue of how grantees could market their ATR program so as to recruit and engage FBOs as providers of treatment and/or Recovery Support Services (RSS)¹, and consolidates the TA reports of three grantee sites from Round 1. Collectively, their experiences provide useful guidance to all ATR grantees on marketing to FBOs, overall issues to consider when working with FBOs, and specific ideas about message and material development and delivery. In addition, so that grantees might better understand the circumstances under which each TA was provided, Chapter 4 provides:

- a description of each requesting grantee's ATR grant focus and target population(s),
- the status of each grantee's efforts to recruit FBOs at the time of the TA, and
- specific detail about the TA each grantee requested.

The three grantee sites are briefly described below. Each was midway into the second year of its grant at the time of the TA.

- The focus of the Grantee Site 1 ATR program was on adults ages 18 or older with a current or past history of substance abuse or addiction.
- The focus of the Grantee Site 2 ATR program was on a specific geographic area, and targeted at all youth who might have substance abuse problems; initially it focused only on juvenile offenders in the criminal justice system.
- The focus of the Grantee Site 3 ATR program was on increasing capacity to address alcohol and other drug dependency issues with the American Indian community in the State.

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).

¹ Examples of RSS available to clients with vouchers include: employment coaching, recovery coaching, spiritual support, childcare, housing support, literacy training, and traditional healing practices.

About FBO Participation

For many of the grantees, working with faith-based organizations (FBOs) was a new experience and they requested technical assistance (TA) on how best to market the ATR program to FBOs to effectively engage them as providers of services. In addition to the challenge posed by engaging an unfamiliar provider set, grantees often faced the additional challenge of recruiting FBOs who were themselves reluctant to participate in a government-sponsored program for fear of having to compromise their mission or values.

In addition, even for those grantees with experience in working with FBOs, the ground rules governing ATR were somewhat different from Federal regulations for Charitable Choice (the primary guidance for federal funding of religious activities) and, hence, the messages they would deliver would also be somewhat different. While Charitable Choice guidelines exclude the incorporation of prayer, proselytizing, and other forms of spiritual practices, these are acceptable under ATR as long as they are connected to the “service of recovery.” Since clients have a choice, should they choose a nontraditional, faith-based program, the faith elements are allowed as long as they support the individual’s recovery.

2. Working with Faith-Based Organizations— Some Considerations

To learn from the experience of participating FBO providers and inform ATR marketing efforts, one of the TA events included consultant interviews of FBO providers (see the chapter 4 section on Grantee Site 2) to identify:

- Perceived benefits and barriers to involvement, and perceptions of the ATR program
- FBO needs for supportive ATR communication tools (e.g., descriptions of the ATR program and range of services) that could help them serve the ATR clients
- Effective communication approaches for ATR to use to conduct outreach and sustain involvement of FBOs

The results of the interviews provided information about the types of issues and concerns grantees may want to consider in working with FBOs. Three brief telephone interviews also were conducted with FBOs who did not participate in the program to provide insights about the reasons for their nonparticipation.

A. Faith-Based Organizations Profile

FBOs participating in ATR programs include both “small shops” and larger, well-established organizations. In smaller FBOs, there may only be a couple of people on staff who are able to offer just a few services to the people referred by ATR (e.g., transportation, job coaching). In some cases, these providers will know firsthand how difficult recovery from substance abuse can be, because they also experienced it. FBO providers are frequently driven to help people (and, when possible, their families) in their own community. Often, instead of formal training, it is likely to be personal experience and a transformed life that enables FBO providers to connect on a more personal level with their clients.

Even though they are committed to their clients and serving the community, providers in smaller organizations have businesses to run and can be more vulnerable to the challenges of taking on ATR tasks. Issues can arise that take them away from the office, and little or no backup may exist to keep things moving along. Meeting the requirements of a structured Government program can be intimidating for the same reason. These requirements can also bring new concerns, such as additional paperwork, reporting requirements, proficiency with business software and Web-based programs, and many questions a small staff may be unable to answer (e.g., “Do I have to file taxes on this grant money? How do I do that? Whom do I talk to?”).

On the other hand, larger participating FBOs generally have the infrastructure (staff, facilities, experience) in place to offer a wide range of services, while easily meeting ATR program requirements. For these providers, the focus can be more on refining existing services that are offered to clients within the ATR program.

Both small and large FBO providers express a passion for helping clients who have problems with substance abuse. Many of these providers, representing clinicians, counselors, ministerial

staff, and others, have been providing clinical and recovery support services for years. All seem to be motivated by a desire to serve the community and its members who can benefit from their services.

B. Perceptions of the ATR Program

FBO providers generally believe in the mission of the ATR program, but leadership from the grantee and clarity about the FBO's role and the grantee's expectations for provider organizations is critical to them.

C. Benefits of Participation

General benefits of participating in the ATR program identified by FBOs include:

- Expansion into new markets (e.g., serving different target populations),
- Expansion of services provided, and
- Payment for providing these services.

In some cases, FBOs may already be committed and connected to the ATR program's target population through various outreach and ministry activities. For others, ATR can enable them to broaden their scope in terms of the number of people they can serve and the range of activities they can offer. The most notable benefit of ATR for FBOs is likely to be the voucher system, which reimburses them through the State grant for services provided.

D. Barriers to Participation

Barriers to participating in the ATR program for providers in small FBOs include a lack of knowledge of basic business principles and a limited knowledge about working within a structured Government program. Providing them with business training may be helpful, especially on the fundamentals of running a small business, which could touch on key areas, such as using business software, financial management, and marketing.

In addition to concerns about being able to fulfill the basic business-related functions required of participating FBOs (e.g., financial reporting, paperwork completion/submission, and use of business software and Web-based programs), providers might not be familiar with the protocols of a Government program. The experience of some FBOs will be limited to small organizations, nonprofits, and church environments. Other FBOs may have been developing and implementing their own programs and services without external oversight or financial assistance. Their limited knowledge of Government standards of procedure may affect their ability to meet program requirements.

Concerns about client confidentiality are possible among FBO providers. The ATR program requires them to report and share details of clients' progress in order to be reimbursed for services provided. FBOs may be concerned that this requirement challenges the integrity of client counseling. However, other FBO providers may have the opposite viewpoint about reporting, and see themselves as having a responsibility to give their input about clients so that others involved in serving them can make necessary adjustments.

E. Support from ATR

FBO providers appreciate frequent communications and program updates from the ATR grantee and may also desire some additional support. For example, information sharing and networking with other providers is likely to be valued. Providers may ask ATR staff to arrange opportunities for participating FBOs to network: to talk with people who are like them. Some may express a need for communication mechanisms between RSS and clinical providers.

As noted earlier, many FBOs would benefit from ATR program support in terms of getting training on basic business principles and being briefed on what is expected of them as grantees/contractors within a Government program. FBO providers may also be interested in client followup. That is, they may want to know what happens to clients after they stop receiving RSS, perhaps in the form of scheduled reporting (e.g., “300 served, 150 still in programs, 20 percent back in jail”).

F. Nonparticipating Providers

FBOs that do not participate in the ATR program may still be aware of it and have overall positive impressions of it. Their reasons for not participating in the program may include not having the capacity to serve or not having experience working with the target population.

3. Marketing Recommendations

The three TA activities described in Chapter 4 of this paper provided a number of recommendations that could assist all ATR grantees in marketing to FBOs. These included guidance on:

- Goals and objectives of a marketing campaign,
- Principles of successful marketing campaigns,
- Key questions to consider in developing marketing materials,
- Ways to ensure the services provided by FBOs meet the clients' needs and wants,
- Marketing materials, and
- Media outreach.

A. Marketing Goal and Objectives

The goal in a marketing effort directed to FBOs is to recruit and retain FBOs as providers of ATR's treatment services and RSS. To achieve that goal there are three primary objectives:

- Enable and empower FBOs to become champions of the ATR program
- Raise visibility of the program within the FBO community and social service sector
- Improve current marketing materials and develop additional materials to meet client and FBO needs

In order to achieve this goal and these objectives, it is important to leverage existing relationships with FBOs and maximize ATR resources by building a sustainable network of treatment and RSS providers. As a result of ATR activities, FBOs should become advocates and promoters of the program within the faith-based community. FBO-to-FBO relationships can alleviate potential concerns for working with the government, as well as apprehension about potential legal issues.

In addition, a grassroots approach to all marketing activities is key, due to its cost-effectiveness and proven success rate. However, to supplement the efforts of FBO staff at the local level, we suggest retaining the services of the public affairs officer in the State program office to assist with the implementation of the strategies outlined below. Perhaps a percentage of that person's time can be allocated for providing this kind of assistance.

To inform the development of the marketing plan, interviews can be conducted with FBOs currently participating in the ATR program. Interviews can identify:

- Perceived benefits and barriers to involvement, and perceptions of the ATR program
- FBO needs for supportive ATR communication tools (e.g., descriptions of the ATR program and range of services) that can help them serve the ATR clients

- Effective communication approaches for ATR to use to conduct outreach and sustain involvement of FBOs

The overall approach focuses on facilitating communication among FBOs and highlighting their critical role in client recovery and ongoing care. Information derived from the results of one such set of interviews was discussed in chapter 2.

Objective 1: Enable and Empower FBOs to Become Champions of the ATR Program

Recommendations for this objective are outlined below.

- Formalize the relationship between ATR and the faith-based community by facilitating a strategic planning meeting with members of ATR staff and members of an advisory committee or similar body composed of representatives from this community.
 - Send out an e-mail invitation requesting their attendance at the meeting. Ask for an RSVP.
 - Include the purpose of the meeting and a brief list of agenda items, for example, to discuss goals and objectives of the program, agree on those to pursue, and begin discussion about action steps for achieving them.
 - Invite an impartial moderator to help facilitate discussion.
 - Ask the moderator to capture the essence of the discussion and draft the plan. Review the plan with the committee.
- Set up biweekly advisory committee calls to discuss ongoing issues.
 - During the calls, identify who will take action on what issue(s) and when they will report back to the committee.
 - Keep minutes and distribute them to participants within a few days after the meeting.
- Continue soliciting the advisory committee’s advice on developing marketing materials. This can be done during regularly scheduled conference calls with members.
 - Share drafts of materials with committee members and track their feedback.
 - Be attuned to their needs and incorporate comments into drafts, as appropriate.
- Reach out to FBOs currently not involved in the ATR program with an open house hosted by the advisory committee. As a recruitment activity, the open house would introduce these organizations to the program and allow them to ask questions of ATR staff and participating FBOs also in attendance.

- Give a presentation by ATR staff, explaining the inner workings of the program, the expectations for participating FBOs, and include time for questions and answers. Give information packets to attendees. Some ideas on what might be included in the information packets are included in section E of this chapter.
- Have one or two representatives from participating FBOs briefly share their experience with the program. Their attendance at the open house also provides them with an opportunity to network with other participating FBOs.
- Offer to meet in person, or schedule a call, with representatives who would like to discuss in greater detail how their organization can participate.
- Set up a listserv e-mail discussion group for participating FBOs that can be used as a resource or forum for discussion.
 - For example, visit Listserve.com (<http://listserv.com>) to learn more about how to establish such a group. Monthly rates are as low as \$15. ATR staff can manage the listserv.
- Create quarterly e-alerts from the ATR program that update the participating organizations on program changes and developments, as well as highlight successes and share best practices.
- Hold monthly brown bag lunches attended by ATR staff where participating FBOs can share issues and network.
- Solicit input from participating FBOs by annually distributing a survey that includes open-ended questions about the FBO's experience in the program. Collect success testimonials that can be shared with other FBOs. Excerpts (in quotation format or graphical text boxes) from these testimonials can be incorporated into promotional materials designed to recruit organizations.
 - Survey groups of people using an inexpensive and efficient Internet survey tool, such as Zoomerang (<http://zoomerang.com>) or Survey Monkey (<http://surveymonkey.com>). These tools send mass e-mails to survey participants that include a link to the online survey, tabulate data from questions in different formats (yes/no, open-ended, rating, scale) and make it accessible for viewing and download from the Web site.
 - Include in the survey such questions as
 - ♦ What has been your most rewarding personal experience as a provider of treatment and/or RSS in the ATR program?
 - ♦ What has been your most rewarding experience with a client in the program?
 - ♦ Do you feel that training in a particular area would help you to fulfill the program requirements with greater success? If so, in what area?

- Bridge the gap between clinical providers and FBOs by hosting quarterly luncheons where individual contributions to the program can be recognized and new practices shared.
 - Predetermine what options you have for purchasing lunches with funds other than grant money.
- Write a letter on behalf of the ATR program to the appropriate superior of the FBO's leadership, sharing appreciation for their support.
- Offer training to participating FBOs on basic business management and administrative/program functions that will help the FBOs to fulfill the requirements of the program. For example, provide:
 - An explanation of the voucher system
 - A tutorial on the Web Infrastructure for Treatment System (WITS) or other system used in the State
 - Simple steps to financial management as it relates to the grantee (e.g., instructions on the completion of financial statements, related paperwork)
 - Program marketing (e.g., production of simple fliers, brochures)
 - Resources and/or contacts for participants to learn how to file taxes/report income from voucher redemption

Objective 2: Raise Visibility of the Program within the FBO Community and Social Service Sector

Recommendations for this objective are outlined below.

- On a yearly basis, hold a local ATR service award ceremony. This event can recognize significant contributions among participating FBOs (e.g., capacity increase, innovative services) and a senior State official (e.g., the Secretary of the Department where the grantee is located) can present the various awards.
 - Ask local businesses (e.g., banks, large grocery store chains, broadcast news stations) to sponsor community events such as this, or to make financial donations that will cover the cost of food, promotional materials, cost of award plaques, and so forth.
 - Place a few phone calls to the corporate offices of these businesses to ask about sponsorship. Be prepared to provide information about your organization, the grantee, and details of the event (e.g., purpose, program, invitees).
- Continue building partnerships with the social services sector (e.g., nonprofit organizations offering similar RSS). Consider developing a memorandum of

understanding with partner organizations that would clearly outline partnership objectives and responsibilities.

- Consider giving presentations about the successes of the ATR program at relevant conferences, meetings, and symposia.
- Identify clients who have made significant progress in their recovery (but, for confidentiality reasons, do not share their names). Among this group, provide those who regularly attend religious services (and/or would feel comfortable doing so) with an opportunity to give their testimony—sharing their success stories with their congregations. This serves as an example to their peers and gives the ATR program more visibility in the community.
- If resources permit, obtain media coverage by working with a local newspaper reporter covering health, human interest, or community beats to place client success stories. See section F of this chapter for more guidance.

Objective 3: Improve Current Marketing Materials and Develop Additional Materials to Meet Client and FBO Needs

To accomplish this objective, review existing marketing materials and consider how they might be improved and/or expanded. In section C of this chapter, there are a variety of recommendations on how effective marketing materials can be developed and used.

B. Principles of Successful Marketing Campaigns

Seven principles of successful marketing campaigns are discussed below. Keeping these in mind as grantees develop their marketing campaigns will help ensure success and provide a framework for the more specific guidance offered later in this guide on materials development and distribution and media contacts.

Principle 1: Dynamics of the Purchasing Decision(s) and Identification of a Single Call to Action That Solves the Problem of the Referral Agent

An effective call to action presents a single step that is clear, easy, and able to solve a problem of the person who is called upon to take the action. The call to action must appeal to the needs and preferences of those receiving it. Consequently, if time and resources permit, focus groups and similar methods of obtaining a better understanding of the frame of reference of target groups can help.

Principle 2: Simple, Attractive Message with a Single Call to Action

Information campaigns tend to load up on too much information and an unclear call to action. Information pieces that attempt to reach everybody with everything reach no one. A simple, carefully thought-out piece with a single call to action—for example, to call a 1–800 number—are appropriate. Those designing materials need to keep verbiage to a minimum and the call to action and its benefits in solving the target group’s problem clear.

Principle 3: A Format That the User Can Retrieve Easily

Letters, business cards, and brochures clutter spaces and are promptly lost. For example, counselors and referral agents normally have filing drawers for the information they need to retrieve frequently. For this target audience, it may be that a manila folder, with the heading already printed and calls to action on the folder and insert might be appropriate and easily stored and retrieved.

Principle 4: A Way Past the Clutter Gatekeepers

Anyone reading all the communications as intended by the senders would do nothing else. Consequently, the sender must find ways that will reach the person in a way that commands his or her attention, for example, passed with a sticky note from the CEO attached.

Principle 5: Frequency and Intensity

One message is rarely enough. Optimally, the person would receive at least three calls to action within a 2-week period. The calls to action can be in different formats, such as a mailing that gets past the gatekeepers and a conference handout. It can also be another copy of the same material. In any case, the “burst” of information over a short time is important. For example, three calls to action over 2 weeks are far more powerful than three calls to action in 1 year.

Principle 6: Graphics That Present the Solution, Not the Problem

Graphic artists love substance abuse because it gives them an opportunity to design poignant, artistic products of the many troubles possible with addictions. However, effective messages do the opposite. They present the solution. Unlike the pictures in the ATR brochure that portray a sad-looking young man alone, effective graphics show people together, never alone, and if not deliriously happy, then at least hopeful and content.

Principle 7: The Copy

Words should be spare, clear, appealing to the frame of reference of the reader, and present a clear, unmistakable, and simple call to action. After the reader acts and has a favorable experience, then the grantee may present more information and calls to action. One message leading to a single call to action is the maximum. Like the graphic, the copy must present a hopeful solution and not dwell on the problem. For example, an ATR brochure that presents a mission statement that pairs the word “impossible” with the problem would not be recommended, as an organization mired in the impossible does not inspire action.

C. Key Questions for Developing Marketing Materials

Before developing the content for new or existing marketing materials, it is important to answer a few key questions. This process guides the development of messages that will be relevant to the intended audience. The questions below are provided for the Grantee’s use in creating materials. Hypothetical examples are included for additional explanation.

Identify the Target Audience

1. Define the intended recipients of the marketing messages.
2. Determine what you know about this population.
3. Identify the motivations of this audience.

Example: Enrolled consumers are not redeeming RSS vouchers, although they are entering treatment (i.e., taking steps to break the addiction).

Identify the Objective of the Messages

1. What behavior (ongoing manner of conducting oneself) should change as a result of the message?
2. What action (something done or accomplished) should change as a result of the message?

Example: Consumers will begin redeeming RSS vouchers.

Identify Potential Obstacles for the Audience

1. Does the target audience face any obstacles to changing behavior or taking action?
2. What are those obstacles?

Example: Consumers lack a support system to sustain treatment services on an outpatient basis.

Identify the Key Promise in the Message

1. Identify to the audience one benefit of responding to the message. What is the hook?
2. Develop this statement by using the information in the above questions. In the key promise, the audience should recognize, "If I do ABC, I will gain XYZ."
 - a. ABC should restate the objective of the message (in consideration of any audience obstacles identified above).
 - b. XYZ should reflect the benefit(s) to be received.

Example: If I begin using RSS to supplement my support system, I will be able to sustain my recovery.

Identify the Support Statements for the Key Promise

1. What evidence or research proves that ABC will result in XYZ?
2. What information provides support that the key promise is valid?

Example: Consumers are more likely to achieve long-term recovery when wraparound services are offered during and after treatment and detoxification.

D. Ensuring the Program Meets Client Wants and Needs

It is important to note that marketing efforts focused on recruiting and retaining FBOs are likely to be less successful if services provided by FBOs do not meet the client needs. For example, in the TA provided to one grantee, the interviewees reported that some of the programs and services offered to youth through the ATR program (e.g., GED preparation, recreational sports) were already offered by other community organizations, such as the YMCA. To avoid duplicating existing community services and yet still meet client needs, it is crucial to assess clients' desire for services on an ongoing basis and to determine their satisfaction with received treatment and/or RSS at the end of their treatment. Some ways to do this include: (1) end of treatment client questionnaires, (2) midcourse success measures, and (3) discussions and informal interviews with care coordinators where this service is available. Each is described below:

End of Treatment Client Questionnaire

A self-administered questionnaire can be developed that can be given to the client at the end of his or her treatment to determine whether the treatment and/or RSS received were what the client wanted. Results will allow the ATR program to develop a list of treatment and/or RSS desired by the clients and can be used by participating FBOs to build on their current services. Having this information can also be useful in recruitment efforts—targeting FBOs for recruitment based on their offered treatment services and/or RSS and ultimately helping to ensure that the overall program offers the kinds of treatment and/or RSS that clients want. The questionnaire may include one or more of the following items:

Sample Questions

How do you rate the services you received at [FBO name]? (Please circle one.):

1	2	3	4	5
Poor				Excellent

The services I received at [FBO name] will help me to get free of drugs or alcohol. (Please circle one.)

1	2	3	4	5
Strongly Disagree				Strongly Agree

Have you learned any skills that you believe will help you to stay free of drugs or alcohol after you leave [FBO name]? (Please circle one.)

Yes	No
-----	----

If you had a friend who was in trouble with drugs or alcohol, would you tell him/her to come to [FBO name] for help? (Please circle one.)

Yes No

Midcourse Success Measures

A self-administered questionnaire can be developed with a combination of open-ended and closed-ended questions that providers may give to clients. The closed-ended questions can measure client satisfaction and success. In addition, data gleaned from the open-ended questions can be used as testimonials in promotional materials.

Open-Ended Questions

- So far, what has been your most positive experience in the ATR program, and why?
- Basing your opinion on the services you have received so far, do you believe that participating in the ATR program will help you to get free from drugs and/or alcohol?

Closed-Ended Questions

I feel that this program is helping me to get my life back on track. (Please circle one.)

1	2	3	4	5
Strongly Disagree				Strongly Agree

How supportive are the people you have worked with in the program?
(Please circle one.)

1	2	3	4	5
Not at All				Very Supportive

Discussions/Informal Interviews

To learn more about care coordinators' assessments of clients' needs for RSS, ATR staff could have an informal discussion with each of them or ask them to complete a questionnaire via e-mail, depending on the number of coordinators.

E. Marketing Materials

Overall, marketing messages for FBOs and for FBOs to share with potential clients should highlight the benefits of participating in the program (e.g., the comprehensive nature of services provided, client choice of provider(s), and benefit of wraparound services). As noted earlier,

these messages should also provide a call to action, meaning clear next steps for the FBO or client to take—something to complete following interaction with the material(s).

The following are some materials that may be developed:

General Information Packet

Grantees may create an information packet composed of a variety of individual topic pieces that can be pulled together and shared with FBOs for recruiting events. The packet may consist of a folder with an ATR logo on it (or a label with an ATR logo). A suggested call to action for all materials may be: “Call XXX (phone number) to request an application or more information,” or “Visit the (name of grantee) Web site (url) for additional information.” To simplify the information, materials also may be differentiated by service area and/or relevance for particular target audiences. This way, consumers will receive only information that pertains to their particular course of treatment.

The following is only a brief sample of materials that may be included in the packets:

- Factsheets
 - What is ATR and why should I join the program? (ATR philosophy, program goals, benefits of participating in the program, e.g., ATR works in close partnership with all FBOs providing assistance every step of the way, from helping to fill out the application to computer training)
 - How does the grantee’s program work? (vouchers, invoicing, recruiting)
 - What services do FBOs provide? (FBO participation in the ATR program). Explain why FBOs are fundamental to the success of ATR.
 - What are the eligibility criteria?
 - What is the process for entering the ATR program?
- Directories (see below)
- Testimonials
 - Participating FBOs provide positive feedback about their experience with the program.
 - Participating clients describe their experiences in the program.
- FBO Promotional Flier (see below)

FBO Promotional Flier

Create a flier to reflect the underlying motivations and benefits of services within the faith-based community, and appeal to the FBOs to engage their client populations. This flier may include compelling and emotion-generating imagery and content, designed in a professional format that can be e-mailed or printed. Highlight the long-term benefits of FBO participation for the client.

FBO Application Form

Ensure that the application form is presented in a user-friendly format. Complete an application form with “dummy” information and make it available to organizations. This visual aid may be less intimidating than a multiple-page document of instructions for filling out the form.

Monthly Summary E-Alerts

Provide links to all new resources released during the month. This will help the FBOs with organization, reinforce program changes, and provide a second opportunity for providers to receive and review information. Material should be organized within the e-alert by category and should link to a corresponding section on the Web site.

Newsletter

Grantees may develop an FBO-specific ATR newsletter using testimonials and imagery that emphasizes compassion and client benefits. The articles may include quotes and images from current ATR providers or individual clients regarding their experiences with the program and voucher process. Client stories should provide a client, or “human interest,” format. For example, a specific story may be woven into the body of an article, showing the success and hope that the first vouchers have provided.

A quarterly e-newsletter may be developed to update participating organizations on program changes and developments, highlight provider and client successes, and share best practices among providers. These should be written in a way that emphasizes long-term benefits for the clients and the opportunities for positive change in the community.

The newsletter would be provided to audiences that have a stake in ATR, rather than distributed broadly. These audiences include

- Attendees at events sponsored by the grantee agency
- Faith- and community-based providers

FBO Directory

Compile information in a standardized template for a FBO directory listing. This directory should include contact information and provider profiles for each provider. The directory should be organized geographically, then by type of services provided, and finally, alphabetically. It should be made available electronically (online and in PDF) so that all referral sources can use it to increase referrals to ATR.

PowerPoint Presentation

Similar to other promotional materials, a PowerPoint presentation can highlight the benefits of participating in the program, and may include the following points:

- Benefits to clients of participating in the program (e.g., ATR's unique ability to meet the individual needs of some clients, long-term recovery)
- The need for FBOs to participate in ATR (e.g., their unique ability to meet individual needs of some clients, long-term recovery)
- An emotional appeal for participation
- ATR program overview (process)
- ATR philosophy
- ATR goals
- Role of FBOs
- Benefits to FBOs from participating in the program
- Eligibility criteria
- TA provided by the ATR program for FBOs
- Contact information
- Questions and answers

Videos

If possible, develop two 3- to-5-minute videos targeting the client and the provider. These videos should portray a participant's "story" and show his or her success within the ATR program. Playing these videos at events and meetings can further encourage program participation and engagement.

Miscellaneous Promotional Items

Grantees have utilized a variety of items to promote awareness of ATR. For example, one grantee used buttons and notepads. As with all the marketing items, it is important to keep the content simple and focused on promoting offerings, for example, "Alcohol-Drug Treatment and Recovery Services." Don't include such unnecessary information as ATR grantee organizational locations, unless required. Promotional items may be used at community events and outreach activities, and/or included with the information packet.

Web Site Section

Create an “FBO” section on the grantee Web site that is tailored to FBOs’ information needs. Consider the design and content of material on the Web site to maximize your effect in utilizing the Internet to promote ATR. For example, the Web site may be optimized for FBOs and a grantee’s client base by including polls for visitors on desires, goals, and needs, and solicitation and submission of stories and best practices. Content and presentation of materials may contain fact and policy presentations, as well as promotional, emotional, and engaging material. For example, materials may include

- Periodic highlights of a provider and an ATR life-transition story
- Short videos and/or testimonials

The design of the Web site should include:

- Capability to forward Web pages to a friend (optimize viral marketing)
- Links to related or participating organizations
- Mechanism for providing feedback and ideas
- Opportunities for FBOs to connect and collaborate

F. Media Outreach

Grantees have the opportunity to secure media coverage of the ATR program and client success stories by reaching out to a local reporter. Identify the reporter who covers health and community beats and who would be most likely to run this type of human interest story. These stories could be framed to highlight the impact of a particular FBO on a client’s recovery or the impact of FBOs as a whole on the larger community.

Follow these suggested steps before contacting the media:

- Identify a spokesperson from your organization whom will be the point of contact for interviews by the reporter. Also, select one to three clients who will agree to share their stories, be available for interviews, and possibly allow their photos to run along with the article.
- Write a 1-page letter to the reporter outlining your request. Include a separate 1-page factsheet with key points about the ATR program and your organization (e.g., recovery services provided, number of clients served). Be sure to give your contact information.
- A week to 7 days after sending the letter, follow up with a phone call to the reporter and ask to schedule a time to discuss your request by phone.

In preparation for contacting the media, the grantee is advised to develop a comprehensive list of media contacts, including those that are faith-based. Appendix A presents a sample form for organizing and maintaining this information. Appendix B includes a description of, and links to, media toolkit publication templates and resources.

4. Learning from Past Grantees: Their ATR Marketing Experiences

To assist in understanding the context of the marketing guidance provided in this report, following are brief descriptions of each of the three ATR grantees from Round 1 who requested marketing TA. Each summary includes the context for the TA, the nature of the TA provided, and references the related marketing recommendations provided in this report.

A. Marketing Grantee Site 1: State Marketing Tools

Context for Technical Assistance

The ATR activities in Grantee Site 1 are provided to adults aged 18 and above with a current or past history of substance abuse or addiction. The grantee uses WITS to manage the data requirements of ATR. The TA took place midway through the second year of the grant.

Prior to the requested TA, the grantee State had been involved in several efforts to engage FBOs. These efforts included:

ATR Grantee Faith-Based Strategies: The grantee employed the following strategies for collaboration with FBOs:

- Contacted churches that are currently offering recovery programs.
- Recruited through denominational headquarters.
- Met with professional clergy or church organizations.
- Provided face-to-face technical assistance.
- Included FBOs in the State's disaster plan.
- Distributed ATR informational packages and newsletters to FBOs.
- Conducted regional faith-based workshops, followed by TA.

Information Forum: In the fall of 2005, in conjunction with the Center for Substance Abuse Treatment (CSAT), the grantee presented at an information forum for FBOs to increase awareness and understanding of the ATR program. The grantee employed the following strategies for engaging faith-based participation in the forum:

- Targeting outreach to local chapters of national organizations, including Teen Challenge, Salvation Army, Celebrate Recovery, and Catholic Charities.
- Purchasing lists of social service providers and FBOs in the State.
- Targeted outreach to FBO networks and denominations.

- Making connections with key faith-based and grassroots advocates to engage their support for the information forum and assisting in broadcasting information on the forum to their constituencies.
- Contacting the U.S. Department of Housing and Urban Development (HUD) faith-based liaisons in two major cities in the State. HUD agreed to disseminate information to the list of FBOs HUD developed through its grant-writing trainings.
- Supplementing outreach with two telephone campaigns.

The FBO provider presenting at the forum shared four main keys to success with ATR. The first key is outreach. Providers must continually reach out to existing partners, identify new providers, and form new partnerships. The second key is examination of provider programs to understand their strengths and eligibility. Third, providers must have ongoing training for their staff and partners. Finally, providers must plan for change.

FBOs, especially those in smaller rural areas, were encouraged to form partnerships. In addition, the following Web sites that provide resources for partnering among community organizations were provided as examples of resources the FBO's could tap:

<http://www.wkkf.org/Pubs/CustomPubs/CPToolkit/CPToolkit/>
<http://ojjdp.ncjrs.org/resources/files/toolkit1final.pdf>
http://arc.nttac.org/communities/bmp_howtos.cfm

Also, in response to a common concern about separation of church and state and the restrictions in working with faith-based services, participants were referred to the White House Faith Based and Community Initiatives Web site, <http://www.whitehouse.gov/government/fbci/guidance/>.

Office of the Faith-Based Initiative for the State: The office of the faith-based initiative for the State includes teams of health department, faith, and community leaders across the State, working to create wholeness in congregations. This includes mental, physical, and spiritual health. This initiative has three goals: (1) to create partnerships between the faith-based community and the health department, (2) to provide resources for the faith-based community for the development of health ministries (holistic ministries), and (3) to reduce health disparities in underserved communities.

State Provider Association: Prior to ATR, the State provider association provided training to clergy and FBO leaders using a Clergy Training Program based on the *Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Drug Dependence and the Impact on Family Members* (Core Competencies). Core Competencies is a program codeveloped by the National Association for Children of Alcoholics (NACOA) and the Johnson Institute with funding from SAMHSA. A copy of the Core Competencies document may be downloaded from the SAMHSA Web site: <http://alt.samhsa.gov/Grants/competency/competency.pdf>.

The provider association representative observed that recovery is not an area where all clergy and FBO leaders will engage, but it is a great community support for the ones that do engage. Six training events were held throughout the State, training 355 clergy and FBO leaders. The group

was extremely diverse, representing numerous churches, denominations, and theological backgrounds.

The Clergy Training Program was implemented as the State was applying for the ATR grant. The program is now the Core Competency Clergy Training Program and is required for all FBOs enrolling as RSS providers. The sessions are held numerous times throughout the State and are led by trained facilitators in each area.

The Core Competency Clergy Training Program teaches faith-based leaders to

- Recognize addiction and alcoholism and their impact on families
- Intervene and make appropriate referrals for assistance
- Understand 12-step programs of all types
- Reintegrate a person into their faith community after treatment

Technical Assistance

Following the forum in 2005, the grantee requested the assistance of consultants in outreach to FBOs in the ATR program. The grantee requested TA to customize new marketing materials by utilizing existing media tool kits, which the consultants provided. The consultants also worked with the grantee to develop an implementation plan for message dissemination. After a successful recruitment of new faith-based providers, the grantee is collaborating with new and existing RSS providers to attract new clients to the program. The State has created an initial newsletter to inform consumers, providers, and faith-based providers about the program, which is distributed on the ATR Web site. The State agency is currently working to increase ATR awareness and substance abuse education among the public so the client population can be directed to the program through existing support systems. The State is also distributing a custom brochure about the ATR program.

Marketing Recommendations

The recommendations made to this grantee are those discussed in chapter 3, sections C and E. They focused on the key questions the grantee should consider in developing marketing materials and on developing a range of specific marketing materials, e.g., fliers, e-alerts, PowerPoint presentations, videos.

B. Marketing Grantee Site 2: Recruitment and Retention of Faith-Based Organizations

Context for the Technical Assistance

Grantee Site 2 was piloting its ATR program in one county, a jurisdiction (population 66,765 in 2000) that has 13 cities, including the county seat. Until recently, the grantee's ATR initiative targeted only juvenile offenders in the criminal justice system and sought to create a unified substance abuse services delivery process that engaged the Department of Family Services

(DFS), probation officers, schools, and the courts. The TA took place midway through the second year of the grant.

At the time of the TA, the focus of the program was shifting from juvenile offenders to include all youths aged 13 to 18 who might have substance abuse problems. Under this program, each participant was assigned a care coordinator who oversaw their whole process of clinical treatment and recovery support. Every entering youth was assessed at central intake. Once the evaluation and assessment were complete, the facilitator determined the types of clinical treatment and/or RSS appropriate for the individual, along with the level and length of care estimated to be needed. Family issues and situations also were assessed to enhance family involvement, support, and counseling, where needed.

The grantee serves 162 clients, yielding approximately a 10 to 1 client-provider ratio. According to ATR staff, faith-based client placements increased exponentially in the months immediately prior to the TA, due to placing previously unplaced clients with newly approved FBOs. The program's goal was to serve 100 new clients a month.

Some of the grantee's prior activities to date included:

- Implementing an activity interest survey for clients, to tailor RSS to the clients' needs. The survey was distributed at a drug conference to determine which delivery modality clients would be most likely to use. Disposable DVDs or downloadable MP3 video tracks listing "cool things to do when you are bored," with hyperlinks to provider sites, were some of the ideas.
- Asking providers to develop their own marketing materials. ATR staff was developing a brochure to be distributed to referral sources. The brochure was to be distributed during court sentencing or group counseling sessions. It directed clients to ATR services.
- Beginning networking with other social agencies, including the local Prevention Coalition, drug courts, youth diversion, schools, Child Protection Team, Juvenile Corrections, the library, and several other social organizations. Several of these overlapped with ATR's mission, and the grantee was beginning to work with these groups.
- Implementing an advisory committee to coordinate marketing and training to the ATR provider network.

The following information was developed as a result of the TA materials review and secondary analysis, and provides an expanded picture of the State's client population and services.

Client Audience Profile

The county's total population is 67,000; the juvenile population (ages 10–17) is roughly 8,000. As a whole, the State's youth use substances at rates far above the national average on every measure. For example, the alcohol use prevalence rate nationally for youth ages 12 to 17 is 18 percent; in the grantee State it is 60 percent.

This pattern of substance abuse is similar for the county. In 2003 the county had 1,399 juvenile (under 18) arrests, excluding most traffic violations. Almost 79 percent of these arrests were for nonindex offenses, of which 20 percent (219 cases) involved liquor law violations. In addition, high school dropout rates are high in this population, and a substantial number of youths live in out-of-home placements. This living situation compounds the problem, because youth in group and correction housing are proven to engage in substance abuse and other delinquent behaviors at younger ages than their peers living at home. Juvenile clients are generally not self-initiating or self-starters, so they need a lot of encouragement and supervision to initiate and maintain their participation in programs like ATR.

Secondary data review confirmed that it is important to assign youths in the program to a care coordinator or someone who can keep them accountable during their treatment and recovery process. Past experiences have shown that, without this, youths do not show up to meetings, activities, or other events. Additionally, previous experiences have shown that accessing the social service delivery system can be overwhelming, especially if clients have to make numerous phone calls and appointments in various locations to get help. Transportation issues compound the problem.

Substance Abuse Treatment

Currently adolescents in the State have limited access to substance abuse treatment services unless they are in the criminal justice system and have court-ordered placement. This is a barrier for nonadjudicated juveniles who meet placement criteria but have to wait to be arrested to receive treatment. Further, there is no apparent coordination between various courts, parole officers, and referring organizations; that is, a youth may be directed to the ATR program multiple times by various entities, and this results in an increased workload for case coordinators.

In addition, treatment regulations lack developmental appropriateness because they were originally developed for the adult treatment system. However, there are emergency rules in place that allow adolescent-treatment providers to obtain proper certification until formal standards are released.

As in other parts of the country, the majority of addiction counselors in this site are paraprofessionals. Their personal experiences as recovering addicts, rather than their educational background, have drawn them to the field. In the State's adolescent residential treatment system, 52 percent of surveyed staff had less than a B.A., 25 percent had a B.A., and 22 percent had an M.A. or higher degree. However, certified addiction counselors are required to gain experience in clinical supervision and clinical practice, and to have an understanding of theory and evidence-based protocols for substance abuse treatment of adolescents. Therefore, it is important to recognize that lacking an academic degree in this field does not indicate a lack of preparedness to serve adolescent clients.

On average, clients stay in the ATR program approximately 1 year. Currently, there is no tracking system in place to monitor whether individuals are cycling in and out of the program. If a client undergoes only a detoxification or detoxification and treatment program, the success rate averages approximately 10 to 15 percent. On the other hand, clients who complete the treatment program and use RSS have a success rate of 80 percent.

Juvenile Clients, and Treatment and Recovery Services

At the time of the TA there were three clinical providers participating in the program and one clinical provider application was being processed. Virtually all the major clinical providers in the largest city in the county were authorized providers, in the process of authorization, or did not serve adolescent clients. ATR worked closely with the State clinical providers association—even using their monthly meetings as an opportunity to train in ATR concepts and procedures. At the time of the TA clinical services included:

- Substance abuse evaluation
- Individual counseling
- Group/intensive group counseling
- Family counseling
- Pastoral counseling
- Ongoing case management
- Group/intensive group counseling
- Pretreatment intervention services
- Brief intervention
- Co-occurring treatment with medication

As of January 2006 the grantee had recruited 14 FBOs to provide RSS. An additional five organizations had submitted applications for participation. Their RSS included:

- Case facilitation
- Spiritual counseling
- Substance abuse education
- Mentoring services
- Childcare services
- Transportation services
- Day and evening support services
- Adult support group

- Substance abuse support group
- Individual employment coaching and services
- Client transportation
- Individual and/or group relapse prevention counseling
- Individual GED preparation
- Education—parenting, HIV/AIDS, sexuality, and marriage

Technical Assistance

The grantee requested TA to develop a marketing plan to engage, enlist, and maintain program participation by FBOs to provide RSS to youth referred by the program. To develop the plan the following activities were carried out:

- Secondary data analysis and material review were performed to gain a better understanding of the marketplace and to identify issues associated with program delivery.
- A series of informational interviews with a sample of FBOs was conducted to explore perceptions of the ATR program and identify perceived benefits and barriers to participating in the program. The results of these interviews are discussed in chapter 2.

PM–TACC reviewed organizational and services data in order to characterize current FBO services available in the county. In addition, geodemographic and problem indicator data on the county juvenile offender population were reviewed in order to characterize the substance abuse severity and level of need of the target population to be served by the ATR program.

Marketing Recommendations

The recommendations made to this grantee are those discussed under chapter 3, sections A, D and F They focused on clearly identifying the grantee’s marketing goals and objectives, ensuring that the ATR program meets client wants and needs and media outreach.

C. Marketing Grantee Site 3: Marketing Strategies for American Indian Communities

Context for Technical Assistance

A goal of the ATR project described in Grantee Site 3 is to increase the capacity to address alcohol and other drug dependency issues within the American Indian communities in the State by expanding resources for treatment and facilitating client access to care. Note: American Indian providers are considered faith-based by definition. The TA took place midway through the second year of the grant.

The grantees’ initial marketing efforts included the following actions:

- Increasing the distribution of the grantee's monthly update to add (1) all executive directors of the American Indian health programs in the State and (2) all tribal leaders representing the federally recognized tribes in the State. This was accomplished by compiling an e-mail distribution list and adding these individuals to the list.
- Identifying, calling, and providing TA to the executive directors, substance abuse providers, and mental health providers of the American Indian health programs that had had little or no participation in the ATR program to ensure they were aware of trainings.
- Publishing information about the ATR program in American Indian health program and tribal newsletters.
- Initiating an ATR liaison program with each participating American Indian organization to identify one staff member to act as the liaison between the ATR program and the organization.
- Gaining exposure for the program at the annual State tribal leaders' meeting.
- Distributing a letter of support and an ATR program flier to the tribal leaders and American Indian health program executive directors.
- Increasing exposure of upcoming ATR Grantee functions and trainings to users of the Grantee's Web site.
- Inviting new members to replace nonparticipating members on the ATR grantee advisory committee.

The grantee had already begun some steps to expand marketing efforts prior to the TA, having refreshed its marketing brochures to target families, direct service providers, and leaders within service organizations. The grantee also had developed a very "easy to follow" PowerPoint instruction tool and was planning to commit this to a CD. In addition, the grantee had formally contacted all FBOs in the State, to encourage involvement. At the time of the TA the grantee also planned to conduct a face-to-face follow-up with associations representing all the organizations. The grantee had already begun to revise its provider enrollment policy manual, which was to be followed by TA to all tribes and tribal organizations wishing to participate. The project manager was drafting a letter to be used to contact transitional housing associations, to encourage them to become part of the recovery support network, specifically in the area of providing safe, secure, chemically free living environments. The grantee had continued with monthly/quarterly Director Update communications, which were a very effective method for encouraging service organizations to stay abreast of the progress being made with the project.

Technical Assistance

The goal of this TA request was to help the grantee staff members and stakeholders explore, evaluate, and refine marketing strategies for its ATR program.

The consultation consisted of reviewing the situation from the grantee's perspective, including (1) its marketing strategies to achieve a higher participant enrollment volume and service plans to meet the ATR targets, ATR service reports, and participant trend data, and (2) to provide feedback about advantages and disadvantages of the strategies and plans currently proposed and discuss additional plans and strategies that could be employed. Even though the grantee's penetration trend had been increasingly encouraging, staff members believed that new and refined marketing efforts were needed, since ATR services were new and not firmly established and only a handful of tribes accounted for most of the activity. Apart from concerns about meeting overall numerical goals, ATR would be a valuable treatment resource for all tribes, and this alone justified the grantee's expanded efforts to increase utilization across its network. Also, regardless of the eventual fate of ATR funding, such marketing efforts would be valuable in their own right because they would strengthen the grantee organization's referral relationship, a benefit that would transcend ATR.

As a result of their review, the TA consultants recommended the following efforts.

Promotion of Two Elements of Best Practice

The grantee was encouraged to promote to nonparticipating Indian health organizations (IHOs) two common elements shared by the IHOs with the greatest ATR utilization: (1) involvement of the executive directors and (2) assignment of a lead staff member coordinating ATR efforts. The grantee also was urged to continue the use of engaging and reinforcing the support of IHO directors through telephone contacts and the monthly comparative reports, and informing these directors of the benefits of appointing an IHO ATR coordinator.

Criminal Justice Referrals

The ATR director had met with criminal justice officials who identified postincarceration transitional housing for those in recovery as a critical need for the ATR target population transitioning from incarceration to the community. In addition, other ATR-funded services would be helpful to this group. Continued efforts with criminal justice gatekeepers could open important access points for the program and thus were recommended by the TA consultants.

Recovery Transitional Housing Providers

The grantee's ATR funds could be important to providers of recovery transitional housing as a source of funding accompanying ATR-funded clients. The grantee intended to approach these providers, perhaps through their association.

Substance Abuse Counselors Within the IHO Network

IHO substance abuse counselors may be the largest single group capable of referring clients for ATR. It is reasonable to assume that many of the clients of IHO counselors could benefit from RSS, and ATR could provide access to these services without the counselors' losing these clients.

A Carefully Coordinated Information Campaign and Technical Assistance

The grantee had already used information campaigns successfully, as evidenced by its successful utilization trend. By expanding its scope and narrowing its messages to its target audiences, even

greater results could be achieved. An information campaign aimed at encouraging IHO substance abuse treatment counselors to refer their clients for ATR services could help. The grantee was provided with the principles of a marketing campaign, which are discussed in chapter 3.

Marketing Recommendations

In addition to those mentioned above, the recommendations made to this grantee are those discussed in chapter 2, section B. They focused on the principles of a successful marketing campaign, from purchasing decisions and identification of a single call to action to the actual materials developed.

Appendix A. Media Contacts Provided to Grantee Site 1

FBO	Media Contact	Street Address	City	State	ZIP Code	Phone	Fax	Web Address
	Newspapers							
	Magazines							
	Television Stations							
	Radio							
	News Services							

Appendix B. Media Toolkit Publication Options Provided to Grantee Site 1

Title	Authors	Description	Toolkit Components	Web Site
Reach Out Now Teach-In	<p>SAMHSA, Center for Substance Abuse Prevention (CSAP)</p> <p>Scholastic, Inc</p>	<p>The information is presented in template format. The sample materials are designed so that you can insert the most relevant local information. Use the samples as you develop your own materials. You can either adapt them to include information about your own community, or use them as written. Electronic versions of the package may be downloaded from www.teachin.samhsa.gov. In addition, the Technical Assistance Package contains the materials listed under “toolkit components.”</p>	<p>Using the Information Key Points</p> <p>Sample Media Advisory</p> <p>Sample Pitch Letter</p> <p>Sample Press Release</p> <p>Sample Op-Editorial</p> <p>Sample Proclamation</p>	<p>Materials Link:</p> <p>http://teachin.samhsa.gov/media/teachin/2006/mediapackage.pdf</p> <p>Program Link:</p> <p>http://teachin.samhsa.gov</p>
<p>Recovery Month Kit</p> <p>(National Drug and Alcohol Recovery Month)</p>	<p>SAMHSA:</p> <p>CSAT</p> <p>Center for Mental Health Services (CMHS)</p>	<p>In this planning toolkit, you will find everything you need to plan your activities. To help with your media outreach, you can customize the included media materials to reflect your local area and events. The kit also includes background materials tailored to key audiences that outline treatment and recovery issues, and suggestions for educating your community about treatment and recovery. Using these sections, you can plan, launch, and publicize an effective campaign in just five simple steps.</p>	<p>Promotional Event Ideas</p> <p>Speaking Effectively with the Media</p> <p>Media Advisory</p> <p>News Release</p> <p>Op-Editorial</p> <p>Official Proclamations</p> <p>Public Service Announcement Scripts</p> <p>Camera-Ready Letterhead</p> <p>Camera-Ready Logo Sheet</p>	<p>Materials Link:</p> <p>www.recoverymonth.gov/2006/kit/PDF/default.aspx</p> <p>Program Link:</p> <p>www.recoverymonth.gov</p>

	CSAP			
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Title	Authors	Description	Toolkit Components	Web Site
Community How To Guide on Media Relations	National Highway Traffic Safety Administration (NHTSA)	The toolkit describes the basic principles of media relations that can help organizations develop an effective media strategy. The tools that are necessary for this strategy, including news advisory, news release, letters to the editor, and op-ed articles are described and samples provided in the appendix. This booklet also describes the techniques for a successful interview and gives suggestions on how organizations can conduct effective news conferences.	Basic Principles of Media Relations Social Marketing, Media Advocacy, and Media Literacy Tools of Communication Interviews News Conferences Ideas for Media Coverage Sample Telephone Pitch Sample News Advisory Sample News Release Sample Letter to the Editor Sample Op-Ed Piece Message Development Sheet Additional Resources	Materials Link: www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Book7 MediaRelations.html Program Link: http://www.nhtsa.gov/portal/site/nhtsa/menuitem.18e416bf1b09b6bbbf30811060008a0c
	The Rainy River District Substance Abuse Prevention Team A Northwestern Health Unit	Includes sample posters that display contact information for a drug and alcohol program.	Poster 1: “Are drugs and alcohol affecting your life? We’re here to help.”	Materials Link: http://www.preventingtragedy.org/posters.html

	<p>Partnership Initiative (http://www.nwhu.on.ca)</p> <p>Supported by the FOCUS Resource Centre (http://www.frcentre.net)</p>		<p>Poster 2:</p> <p>“Drug and Alcohol Treatment Infoline”</p>	<p>Program Link:</p> <p>http://www.preventingtragedy.org</p>
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