ACCESS TO RECOVERY

ACCESS TO RECOVERY IMPLEMENTATION TOOLKIT

VOLUME 3 • PHASE 3

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Contents

Exhibit

1

Actions to Sustain
ATR Advances

Actions to Sustain ATR Advances

Key Concepts

- Ideally, by the beginning of phase 3 during the final year of the grant, you will be making plans for continuing the project under different funding arrangements or implementing ATR elements more broadly throughout your jurisdiction's system of care.

- If you haven't begun such activities, you might want to concentrate on sustainability during this last phase of the grant. You may find it helpful to review chapters from volumes 1 and 2 of the Toolkit:

  - Volume 1, Phase 1, Chapter 6: Sustaining ATR Advances.

  - Volume 2, Phase 2, Chapter 5: Sustainability Activities in Phase 2.

- If your sustainability plans are under way, you will want to focus on assisting the managers of your jurisdictional system who are responsible for such activities as:

  - Building acceptance for continuing ATR or broadly implementing elements of ATR throughout the system.

  - Disseminating data reports and information widely throughout the system to all who will be affected by the change.

- Others will be responsible for changing financial or information management systems, making resource decisions, revising service menus, meeting regulatory requirements, revising policies and procedures, clarifying target populations, rewriting service definitions, and planning changes related to ATR methods and policies.

- Draw from your own systems change expertise gained in ATR to help prepare others for change.

- Members of the project management team can provide training in ATR practices and policies to staff and providers who are not familiar with the project.

- Don't overlook the needs of your providers who want to continue as part of the SUD system of care. You can help them improve their sustainability options.

Section 1. Systems change tasks related to continuing ATR

Goals

- Continuing to work on sustainability activities begun in earlier phases of the project.

- Assisting in necessary tasks to sustain ATR or elements of the program, such as:

  – Rewriting or assisting in the rewriting of regulations pertaining to payment mechanisms and reimbursement of recovery support service providers.

  – Redrafting policies to authorize RSS providers.

  – Coordinating activities with managers of new funding streams.

  – Rewriting service definitions.

  – Revising policies and procedures.

  – Revising intake and assessment procedures.

  – Adding RSS definitions.

  – Ensuring legal structures are in place to define and direct funding.

- Informing internal and external stakeholders of the coming changes.

Themes

- The decisions you make about carrying ATR or portions of it forward require actions to make them real.

- Although you may not be in charge of these actions, you will want to stay informed about them and be ready to provide assistance to those responsible.

- Members of the management team can be important resources in sharing information about client-centered care with others now involved with ATR activities.

- You can play a key role in educating clinicians and helping them work collegially with recovery support services providers. You can also introduce providers to new intake, assessment, and care coordination procedures.

1 Planning to fund ATR project continuation

Considerations for success

- The main question before you is how to reallocate your system's existing funds to support the continuation of ATR.

- Funding streams vary widely from State to State and among tribal jurisdictions. Careful consideration of those in your jurisdiction might reveal certain funds that could be redirected to cover all or portions of your ATR project.

- You may be able to find other county or State governmental funding streams that can cover portions of ATR activities and braid these together to continue the work started under ATR.

- Private foundation grants are not as available as in earlier years, but you may find one. Look for foundations that focus on your geographical area or client groups.

Consider the following questions.

1. What funding streams are available in our jurisdiction (State or tribal) to fund substance use disorder or mental health services?

_____

_____

_____

_____

2. What barriers exist to redirecting or reallocating any of these funds to support continuation of the ATR project?

_____

_____

_____

_____

3. What foundation grants might we pursue?

_____

_____

_____

_____

4. Who will work with the SSA director or tribal officials on finding ways to continue ATR?

_____

_____

_____

_____

5. How can we work within particular programs in our State or tribal system to incorporate ATR practices and approaches into their service regimens? (For example, could our jurisdiction make arrangements that allow the secular and faith-based providers in our project to continue serving clients? Or that incorporate recovery support services into treatment programs funded by the block grant?)

_____

_____

_____

_____

Informing the change processes related to sustainability

Consider the following questions.

1. If ATR will continue within our jurisdiction, how can we best assist the SSA director or tribal officials in preparing for continuation of the ATR project?

_____

_____

_____

_____

2. How can we best assist and help prepare the staff, clinical and RSS providers, intake and assessment staff, and referral partners who will be involved with the project?

_____

_____

_____

_____

3. Which member(s) of the management team will be responsible for the transition activities?

_____

_____

_____

_____

4. How can we help inform stakeholders of the coming changes?

_____

_____

_____

_____

3 Helping our providers sustain themselves after our project ends

Considerations for success

- Typically, ATR projects have assumed an obligation to assist their community-based provider organizations in finding sources of continued funding by helping them establish relationships with State or tribal programs to sustain themselves following completion of the grant.

- Many providers have taken SAMHSA's sustainability training and might already be establishing new service relationships with other programs and institutions.

- In some cases, the State or tribal authority recognizes the contributions of community-based providers in expanding services, particularly recovery support services, and reallocates funds to continue the relationship.

- Maintaining these community-based services is most likely to occur when jurisdictional staff and managers know the benefits of recovery support services to clients' lasting recovery.

- Staff and providers often play significant roles in informing other program staff about the accomplishments of community-based providers in ATR. This helps build support for including these providers in other programs.

Consider the following questions.

1. As we move toward grant closeout, what actions can we take to help ensure our community-based providers' sustainability?

_____

_____

_____

_____

2. Which key members of our State or tribal authority do we need to contact to help open pathways for community-based providers throughout the jurisdictional programs?

_____

_____

_____

_____

3. Do providers have training needs that we could meet? Can we offer them technical assistance to help them meet the challenges of sustainability?

_____

_____

_____

_____

4. How can we enable providers who attended the SAMHSA sustainability training to offer peer-to-peer assistance?

_____

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2

Closing Out Your ATR Grant

Closing Out Your ATR Grant

Key Concepts

- Successful closeout for an ATR grant means that all funds are spent on time, all required reports are filed, clients are supported in their transition to another program, and providers are involved and informed.

- Managing closeout finances successfully requires frequent, hands-on, data-based scrutiny.

- Data are vital both to manage your money and to tell your success stories.

- Providers need to be kept aware of all changes that occur during closeout—and to help plan them.

The ATR project ends like any other Federal grant, with reporting and other paperwork and spending all your grant money. ATR's fee-for-service, voucher-based financial system can make it difficult to track your grant spending accurately, so management of an ATR closeout may be more challenging than closing out other grants you have managed.

This chapter will lead you through the steps to close out your ATR grant successfully. You will learn about:

- The intensive monitoring needed to manage closeout finances.
- Strategies for shutting down services in a controlled, client-focused way.
- SAMHSA requirements for closeout.
- Closeout communication.

Section 1. Tracking your finances in phase 3: Getting your books in order for closeout

Goals

- Understanding why accurate, timely financial projection is even more important in the period leading up to closeout.

- Preparing early for any financial scenario you may be faced with at closeout.

- Understanding the implications—for clients, providers, finances, and ultimate system sustainability—of your spending rates approaching closeout.

Themes

- SAMHSA expects all grantees to manage closeout in a way that spends the last ATR grant dollar by the last day of the grant.

- Completing your spending either early or late can have negative effects on all parts of your project.

Considerations for success

- Prepare management plans ahead of time for both over- and underspending scenarios at closeout. Having plans in place beforehand will allow you to take immediate steps to control your spending rate after determining what that rate is.

- Having a detailed analysis of voucher creation and actual usage will be critical in forecasting your spending throughout the final phase of the grant.

Why accurate, timely financial projection becomes more important as your grant approaches closeout

Consider the following questions.

1. If we run out of ATR grant funds early, how will this affect:

    a. Our clients?

    _____

    _____

    _____

    _____

    b. Our providers?

    _____

    _____

    _____

    _____

    c. Our ability to move ATR elements into our jurisdictional system of care?

    _____

    _____

    _____

    _____

2. If we cannot avoid requesting a no-cost extension to use our remaining ATR grant funds—despite our best management efforts—how will such an extension affect:

    a. Program administration?

    _____

    _____

    _____

    _____

b. Our ability to pay for services?

_____

_____

_____

_____

3. When do we expect to know if we are in danger of under- or overspending?

_____

_____

_____

_____

4. Do we know what steps we will take to correct for spending problems? If so, what are they; if not, when will we create our plans for these scenarios?

_____

_____

_____

_____

 Your goal is to spend your last ATR grant dollar on the last day of your grant. If, however, you need extra time to spend the funds, a no-cost extension may be possible.

- SAMHSA must receive your request for a no-cost extension no later than 60 days before the grant ends.

- You may not spend funds after the original closeout date unless you have received permission from SAMHSA to do so.

- SAMHSA is not obligated to approve your request for a no-cost extension.

Section 2. Overview of closeout management: Using analysis and quick action to take charge of your day-to-day financial situation

Goals

- Understanding the types of data that will help you close out your grant on time.

- Outlining how you'll use your data to close out successfully.

- Using your providers' unique client knowledge to improve your grant closeout.

Themes

- Because of the fast-approaching end date of your grant, phase 3 financial management can be much more hands-on than what you have been doing so far.

- You can no longer assume that any variability in spending rates—between client populations, geographic areas, or services—will "even out."

- More frequent looks at your data and a faster reaction to what the data are telling you are important to your success.

Considerations for success

- Start mining your data for important details of your ATR spending at least 9 months before the grant closeout date. This will give you enough data to identify spending trends accurately. You must determine how to phase out services in a way that controls your spending and maintains program stability. (See the ATR Tip on the next page for examples of ways to look in depth at your data.)

- Identify the services for which you can control spending best. For example, you might pay for one service on a week-to-week basis, but another requires a longer period of time to be useful to clients. You can keep controllable services available longer toward the end of the grant because you can shut them down on short notice if needed. Your review of historical data will be invaluable in this effort.

- Share with your providers the financial issues confronting you during closeout, and then work with them to determine the most effective strategies, based on their knowledge of clients' needs and voucher use.

- The key is to clearly identify how much of the funds you have set aside for client vouchers will actually be spent. An indepth view of your experience to date will provide you with a basis for forecasting, with reasonable accuracy, how spending will occur during the last months of the grant (see Exhibit 1, *A Scenario for Using Data to Manage Closeout*).

Exhibit 1. A Scenario for Using Data to Manage Closeout

A grantee State in the Great Plains has a very heterogeneous client population: urban and rural and including women, men, and youth, and types of SUD problems. All clients have access to a wide variety of services.

Throughout the ATR program, spending varied among these different client populations and providers from week to week. The management team saw that their spending fluctuated slightly when they checked it every month, but they didn't look further because their overall spending rate was on target. Besides, there was plenty of time left.

The following scenario demonstrates the approach to management this grantee took during the last year of the grant—one leading to a successful result.

A Winning Scenario: Digging into the Data

Starting in the last year of the grant before the closeout date, the grantee's financial managers started looking in detail at how their different kinds of clients used vouchers across all their services and providers. They determined the average client cost by provider, the average length of client stay by provider, and exactly how each type of client was spending vouchers. Because they began to fear their spending rate was on an upswing among certain populations and they knew the grant was running out, they started phasing out services little by little. Every Monday afternoon, managers reexamined the data to see where their spending was by client population, service, and provider, and to strategize on the next change they would make. On the last day of the ATR grant, they paid final invoices from providers with the last $300 of their ATR grant.

As you begin the last year of your ATR grant, you should be looking in detail at your spending rate in relation to all variables you have been tracking so far in your management information system. These might include:

- Client's ZIP code.
- Client's disorder intensity.
- Client incarceration history.
- Client's sex.
- Client's substance used.
- Provider.
- Care coordinator.
- Type of service.
- Service length.

How will we manage our data and our finances as we approach closeout?

Consider the following questions.

1. What data have we been collecting on our clients, our spending, and our network services that will help us get the details we need to manage closeout effectively?

_____

_____

_____

_____

2. What additional monitoring and management steps will help us avoid over- or underspending our grant?

_____

_____

_____

_____

3. What information can our provider network share with us to help us better manage closeout?

_____

_____

_____

_____

Consider Exhibit 1.

4. How did the grantee's management practices in the scenario prevent overspending?

_____

_____

_____

_____

5. What are three strategies we can use to slow spending in the final months if our analyses show the need?

_____

_____

_____

_____

6. What are three strategies we can use to increase spending in the final months if our analysis shows the need?

_____

_____

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_____

Section 3. Determining how many more vouchers to issue

Goals

- Determining the details of your current spending rate.

- Identifying the amount of grant funds still available.

- Comparing your spending rate to your vouchering rate.

Theme

- Diverse factors affect how many vouchers you can still issue before closeout, including voucher types (defined by the types of services authorized), grant money remaining, spending per voucher, the needs of the clients who present for care, and any other variables that affect how fast a client spends his or her voucher. Your own data will show you which variables are most important in your project.

Considerations for success

- Make sure your ATR managers clearly understand the difference between vouchering (authorizing and issuing vouchers and setting aside funds to pay for them) and actual spending for services.

- Consider each kind of service on a voucher separately—there's no need to stop them all on the same date.

- Consider the effect of the grant's ending on clients and providers and how vouchers are used during this time. Some grantees in the past have experienced greater voucher usage in the last 3 to 4 months of the grant because the providers and clients knew it would soon end.

3 How many vouchers can the ATR project still issue?

Consider the following questions.

1. How much money is left in our grant? How much of this remaining money has been committed to pay for outstanding vouchers but has not yet been spent? How much has not yet been committed?

_____

_____

_____

_____

2. What is our current spending rate by:

   a. Geographic area?

_____

_____

_____

_____

   b. Client population(s)?

_____

_____

_____

_____

   c. Care coordinator?

_____

_____

_____

_____

   d. Type of service?

_____

_____

_____

_____

e. Service provider?

_____

_____

_____

f. Primary substance?

_____

_____

_____

g. Intensity of disorder?

_____

_____

_____

h. Other important criteria we have identified?

_____

_____

_____

3. Which services might we be able to end on short notice if needed, and which services have long durations that we cannot cut short without great detriment to the client?

_____

_____

_____

_____

4. How much do our spending rates vary from month to month, region to region, or service to service?

_____

_____

_____

_____

5. If we maintain the current spending rate(s), at what point will we run out of ATR grant money? (Do we answer this question frequently enough?)

_____

_____

_____

_____

6. How will we need to modify our spending in order to close out ATR grant funding on time?

_____

_____

_____

_____

7. What is our average expenditure for each type of voucher our project issues, and do we expect these averages to change as we approach grant closeout?

_____

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_____

8. How many of each of our types of vouchers can we still issue?

_____

_____

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_____

Section 4. Determining the last dates for voucher issuance

Goals

- Determining which ATR network services are supportable near closeout.

- Considering the order in which you will phase out services.

- Establishing a strategy for communicating with your provider network about closeout.

Themes

- Issuing an unsupportable voucher to a client might hinder the client's recovery.

- Some services—like care coordination—should be maintained until closeout; others can have earlier ending dates or may be gradually diminished.

Considerations for success

- Remain focused on your main goal of serving clients through closeout—try to phase out services in a way that supports clients' recoveries as long as possible and help them find services in another program.

- Don't allow your providers to feel out of the loop through closeout. Prepare them for changes as far in advance as possible, and ask them to help you plan closeout itself.

- Consider the cost of a service, as well as its importance to the client, when identifying when to end that service.

ATR TIP

WHAT IS AN "UNSUPPORTABLE VOUCHER"?

If you issue a voucher to a client for 20 days of inpatient treatment only 10 days before your closeout date, you will not be able to support the full treatment program allowed by the voucher. The client will be left in the lurch just halfway through her treatment program! Clearly, this voucher would be unsupportable.

What if you issue the inpatient treatment voucher 21 days before closeout? Although this leaves enough time for the client to be supported through the full treatment program, with 1 day to spare, the ATR program cannot support this client if she is ready to progress further in her recovery after completing treatment. You and your providers will have to consider whether the treatment voucher is supportable or whether you need to refer the client to another program.

4 How will we support our clients' recoveries while closing out our grant?

Consider the following questions.

1. Have our staff and providers considered the situation described in the ATR Tip on the previous page? Is a voucher for a client's first step toward recovery "supportable" if we cannot issue vouchers for the subsequent steps as well? What strategies can we employ to ensure optimum support for clients who have needs the ATR grant may not be able to support at this time?

_____

_____

_____

_____

_____

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_____

2. How might our ability to support vouchers near the end of the ATR grant vary depending on the kind of voucher?

_____

_____

_____

_____

3. Which kinds of services will we stop paying for first? Second?

_____

_____

_____

_____

4. Which services will we keep paying for up until the end of the grant?

_____

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_____

_____

5. How will we ensure that all clients with active vouchers are supported even while we're closing out grant funds and stopping services?

_____

_____

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_____

ATR TIP

Care coordination must occur through the end of the grant because it ensures that clients are not left "hanging" at the end. Care coordinators will help clients make the transition to a post-ATR program by making sure their recovery plans are up to date and that they are connected to the providers that will serve them after ATR.

Consider the following questions.

1. Will our voucher issuance ending dates differ by kind of client, geographic area, or by any other criteria? List the order in which we will start shutting down different parts of our program.

_____

_____

_____

_____

2. Considering the data we've seen, on what date will we start reducing services, and when will we issue our last ATR grant–funded voucher?

_____

_____

_____

_____

3. How are we communicating with providers so they understand how grant closeout will affect the services they provide and the payments they receive for those services?

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_____

_____

4. How will we improve and accelerate these communications as we get closer to closeout?

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5. What steps can we take on behalf of providers to incorporate them into our jurisdictional system or help them find other ways of continuing to provide services?

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_____

Section 5. Reporting obligations during closeout

Goal

- Understanding that your reporting obligations to SAMHSA do not end until the grant is closed.

Themes

- You must still complete 6-month follow-up Government Performance and Results Act during closeout and maintain your 80 percent follow-up rate.

- SAMHSA requires regular uploads of your GPRA data throughout closeout.

- Your closeout date is also the date by which you must meet your total client enrollment target.

Consideration for success

- Be sure to check with SAMHSA to see if any other reporting requirements have been added for the closeout period.

6 How will we ensure that we continue to meet our reporting requirements through closeout?

Consider the following questions.

1. What additional steps might we need to take in order to continue meeting SAMHSA reporting obligations while approaching closeout? To perform all closeout reporting, will staff be needed after the date services end?

    _____

    _____

    _____

    _____

2. If we are currently below the 80 percent GPRA follow-up threshold, what must we do to meet this goal by the last day of the grant?

    _____

    _____

    _____

    _____

3. Are we on track to meet our total client enrollment target by closeout? If we have not already met this target, what actions can we take to do so?

    _____

    _____

    _____

    _____

4. Based on our communications with SAMHSA, what additional reporting requirements, if any, do we need to meet during closeout?

    _____

    _____

    _____

    _____

Section 6. Using data to communicate during closeout

Goals

- Understanding how your data can help you promote ATR and systems of care that include recovery support services.

- Planning how you can facilitate communication between your providers and the State or tribal service system to ensure providers become part of a permanently funded system.

- Developing communications to help your clients understand how ATR closeout is likely to affect their care.

Themes

- Phase 3 communication efforts should be a continuation of efforts begun in phase 2.

- Highlighting success is an important marketing tool.

- The outcomes data collected in phase 3 need to be sufficient to continue to demonstrate how ATR has led to successes in recovery.

- Your data on voucher usage and outcomes for different groups of clients will enable you to communicate how grant closeout is likely to affect them.

- Helping your providers find a permanent place in your system helps them and your clients.

Considerations for success

- Use your data to learn how you have helped the clients you've served and the system as a whole.

- Consider how you can use data to show different kinds of ATR successes to different audiences.

- Start conversations as early as possible between your providers and the jurisdiction's treatment and funding systems to ensure that your providers can receive continuous funding through closeout.

- Nobody is more affected by the end of your ATR grant than your enrolled clients. Ask your care coordinators to discuss with each incoming client what grant closeout might mean and its possible impact on them. You might want to make this part of your intake procedures.

7 What is our communications strategy during closeout?

Consider the following questions.

1. What messages and avenues of communication have we created for clients to inform them of the closeout process in the final months of the grant?

   _____

   _____

   _____

   _____

2. What impact has our ATR program had on the community and on people with substance use disorders? How do we know this?

   _____

   _____

   _____

   _____

3. How can we use our project successes to "sell" our vision for continuing a client-centered care system?

   _____

   _____

   _____

   _____

4. What opportunities do we have to promote our success data and our vision of recovery?

   _____

   _____

   _____

   _____

5. Based on our data, what specific ATR successes can we show to different segments of our community? Consider:
   a. Substance use disorder treatment providers

   _____

   _____

   _____

   _____

b. Faith-based organizations

_____

_____

_____

_____

c. Recovery community organizations

_____

_____

_____

_____

d. Community health organizations

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_____

_____

_____

e. State and tribal legislators and leaders

_____

_____

_____

_____

f. Taxpayers

_____

_____

_____

_____

g. Corrections agencies

_____

_____

_____

_____

h. Mental health professionals

_____

_____

_____

_____

i. Primary care and dental professionals

_____

_____

_____

_____

6. How might the evidence we can show each of these groups about ATR success affect their perceptions of recovery?

_____

_____

_____

_____

8 How can we facilitate communication between our providers and the jurisdictional system of care?

Consider the following questions.

1. How have we communicated with our providers, especially faith-based and secular community organizations, to help them make the transition to a permanent source of funding and a more permanent recovery network?

_____

_____

_____

_____

2. How might we need to improve these communication efforts as we near closeout?

_____

_____

_____

_____

3. Why are these efforts necessary for our clients, our providers, and our own work to build a statewide or tribal substance use disorder care system that incorporates elements of ATR?

_____

_____

_____

_____

Section 7. Closeout summary

Goal

- Understanding how you will integrate grant closeout activities with sustainability planning and implementation during phase 3.

Theme

- The activities described in this and the final chapters should be woven together.

Considerations for success

- Think of your ATR grant closeout not as a shutdown of your network, services, or philosophy of care, but rather as the end only of your funding from SAMHSA for this project.

- ATR closeout should be a transition into something bigger—an integrated, sustainable, client-centered, jurisdictional substance use disorder system of care that includes recovery support services.

ATR TIPS **REVIEW OF CLOSEOUT STEPS**

- Create plans to adjust your spending as needed.
- Ask providers for advice in planning closeout and prepare them for what they can expect.

- Understand what your data are telling you about spending rates throughout your service network and client population(s).
- Based on both fiscal and client care considerations, plan which services will be phased out when and where.
- Determine how many more vouchers of each type you can issue.
- Communicate ATR successes.
- Help your providers make the transition to the larger system.
- Integrate your phase 3 sustainability activities with these closeout activities.

Appendix:
ATR Grant Contributors

ATR Grant Contributors

This Toolkit could not have been produced without the many contributions of the ATR grant project staff in the second cohort of grants who reported on their experiences over 3 years of project implementation. In addition, a number of grant project directors and key staff provided information in a series of interviews conducted at the time of the final Grantee Meeting in 2010:

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