

**Pre-Application Technical Assistance Reports for the  
Access to Recovery Grant Program**

**Report on Technical Assistance to Wisconsin**

May 2004

***Prepared under***

Center for Substance Abuse Treatment  
Contract No. 277-00-6400, Task Order No. 277-00-6403

***By***

The Performance Partnership Grant  
Technical Assistance Coordinating Center



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

## **Consultation between Roy Nickell and the State of Wisconsin Written Report**

### **Contents**

- Introduction/Purpose of TA
- Methodology
- Content of TA Discussion
- Recommendations
- Outcomes
- Consultant's Background

### **Introduction/Purpose of TA**

The State of Wisconsin (the State) requested assistance (1) with developing outcome measures to use with the faith community and community support organizations, and (2) with monitoring of provider performance. The State requested Roy Nickell of Wake County Human Services, North Carolina, as a consultant, and Johnson, Bassin & Shaw, Inc. (JBS), under Task Order with CSAT, arranged for this consultation.

### **Methodology**

The consultation took place via teleconference on May 3, 2004. Jim Beer and Francine Feinberg of Meta House in Milwaukee, the grant writers for the Wisconsin ATR application, were the lead participants in the discussion. John Chianelli, Chuck Sigurdson, and David Jaet from Milwaukee County joined later, along with several State staff members. The teleconference lasted approximately 1 hour and 15 minutes.

### **Content of TA Discussion**

The State began by describing the target populations on which they are focusing—criminal justice and women with children. The proposed ATR grant will be used to develop a voucher system for these populations in Milwaukee County. The State described the abundance of faith-based and community support organizations already working with these populations. The consultant asked about the current system used in Wisconsin to monitor services. Mental health and substance abuse services were merged in Wisconsin 2 years ago, and the State's current outcome measures were developed for mental health populations. The State will be developing outcome measures for the ATR voucher program that have a greater focus on substance abuse. Wisconsin expects to use the following existing and new methods for monitoring:

- A standardized tool to gather outcomes
- A report card process developed relative to the contract
- Standard and periodic audits for compliance
- Customer satisfaction survey(s)

The consultant explained the methods that North Carolina has used to improve the services offered to clients by community-based providers. In North Carolina, mental health reform was the mechanism that gave the State an opportunity to develop planning groups made up of consumers, families, and providers: namely, a Consumer and Family Advisory Committee and a Provider Advisory Committee. Bringing consumers, their families, and providers “to the table” has enabled North Carolina to tailor services to the needs of clients, as well as give providers an opportunity to hear first hand from consumers about what is working or not working and how they might resolve the gaps.

This type of mechanism might also be very helpful to Wisconsin for planning and developing the services to be provided by faith-based and recovery support groups in the ATR voucher program. Using client, family, and provider planning groups could assist Wisconsin in determining standards and in developing outcome measures. Further, these groups are invaluable as advocates for services.

Question and answers from this consultation session are as follows:

**Wisconsin:** *What outcome measures do you use in Wake County, North Carolina, and how might your County’s collection and analysis process apply to Wisconsin?*

**Consultant:** North Carolina has mandated that all substance abuse service providers use the North Carolina Outcomes Program and Performance System (NC-TOPPS). It is used at initial assessment and then at 3-, 6-, and 12-month intervals to gather information on such outcomes as criminal justice involvement, employment status, living arrangements, use of crisis services, and drug use. This data is gathered and submitted electronically to a subcontractor of the State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The contract, which is with North Carolina State University, affords objective analysis of the data, report writing by county, and aggregate data for the entire State. Wisconsin may want to contract with a local university to be the central repository for their data collection and analysis in the proposed ATR voucher system. The university can also provide technical support for an on-line data collection system.

**Wisconsin:** *We have a number of providers that already provide services. How can we use the eligibility standards to monitor service performance? What resources might be available, especially for faith-based providers?*

**Consultant:** The monitoring process for providers could be viewed as similar to the process used when hiring a new employee—screen, interview, check references, hire, orient, and then provide supervision, peer review, on-going staff development, periodic evaluations and feedback, and raises/incentives. Following are some helpful approaches suggested by Jean LaCour of the Net Training Institute and by John Daigle of the Florida Alcohol and Drug Abuse Association in their presentation at the Southeast Region’s ATR Pre-application Regional Meeting in Atlanta:

- Relate standards to the services provided; i.e., if child care is provided, is it licensed?
- Look for the following standards among providers: Is the clinical staff credentialed? Is the site licensed? Does the program provide supervision and measures of Continuous Quality Improvement (CQI), such as peer review and Credentialing and Privileging?
- Establish criteria for providers who will be delivering support services or informational help to either an agency or an individual. Criteria will be needed for providers delivering help with such issues as life skills, job training, educational assistance, and information on financial, legal, and health matters.
- Establish standards regarding concrete help. For example, in terms of staff who provide transportation, is this staff qualified and licensed, with a verification check made of the drivers' records through the Department of Motor Vehicles?
- Provide training about substance abuse for individuals and groups that will be offering emotional support, such as empathy, caring, coaching, mentoring, and peer support. Providers, especially those in the faith community, need to be taught about Tough Love and the Tough Love program, which was developed primarily for families that have teenage members who are "out of control." The program's premise is that teens must learn that their parents and other family members have rights. (The Consultant and the State discussed the possibility that faith-based providers, in their desire to minister and provide support for clients, might be duped by substance-abusing clients. There may be a need to delineate the differences between caring for and "taking care of" or enabling clients.)

Stephen Ministries has a program for training lay ministers to offer peer support and caring. This group trains and organizes laypersons for caring ministries in the congregation. This program provides training, resources, and the structure for setting up and administering a complete system of lay caring ministries, such as one-to-one care for the bereaved, hospitalized, unemployed, separated, divorced, and others in crisis. Stephen Ministries is located at 2045 Innerbelt Business Center Drive, St. Louis, MO 63114 or at [www.christcare.com/Stephen](http://www.christcare.com/Stephen).

**Wisconsin:** *Monitoring of the more concrete factors is easy. How do we monitor the critical intangible factors, such as empathy, caring, and coaching?*

**Consultant:** The development of monitoring standards is a process, just as recovery is a process. Larger agencies are likely to be more sophisticated in performing these monitoring functions. Following are suggestions to help monitor intangible factors:

- Expect that intangible factors will require monitoring, looking at the same standards and domains as the concrete elements. Expect also to use these standards (1) to determine whether new and potential providers can qualify to

offer substance abuse services, (2) to orient new providers on substance abuse treatment and support issues, and (3) to provide technical assistance to new providers.

- Expect to conduct a frank and open discussion with providers about what type of services they are willing and able to provide and how to measure the outcomes. The most effective approach may be to work with providers to develop measures that are agreeable to both. Measuring the impacts of softer items, such as “caring,” requires working together closely to develop agreement on measures. At this point, input from consumers, families, and providers may be invaluable.
- After the monitoring system has been agreed upon and put in place, plan to provide TA for the initial data entry, if it is electronic. Emphasize the importance of tracking the results of the work performed and the importance and impact of this data. Another suggestion is to work with volunteers to develop “ticklers” and reminders of when follow-up measurements are due.
- As Florida did, work with the State’s Certification Board to register and test staff by means of such courses as ethics, confidentiality, and record keeping.

### **Recommendations**

The consultant was able to answer most of the State’s questions. However, the State will need to address the following unresolved items either with its providers or through additional technical assistance:

- Can clearer guidelines be defined for developing measurements of the “softer” eligibility standards, such as “caring”?
- How should the State credential the faith community or recovery support staffs?
- Will the outcomes be client-based or apply only to the provider agency?

### **Outcomes**

The consultant agreed to send the State a copy of the assessment form used by the North Carolina Treatment Outcomes Program and Performance System. **[Note: This form, called the NC-TOPPS Initial Assessment, can be retrieved as a .pdf file called *WI\_TA\_Nickell\_attachment.***

### **Consultant’s Background**

Roy Nickell, LMSW, has been the Director of Substance Abuse Services for Wake County Human Services in Raleigh, North Carolina, for the past 11 years. His responsibilities include managing a 34-bed hospital and a full array of outpatient services

for persons with substance abuse and co-occurring mental illnesses. The treatment facility earned the Substance Abuse Center of Excellence award for 2002.

Roy has more than 30 years of experience in the substance abuse field as a clinician and a program administrator at both the State and local levels. Work experience includes Director, U.S. Air Force Alcoholism Rehabilitation Center, Eglin Air Force Base, Florida; Coordinator of Substance Abuse Services for the Texas Department of Mental Health/Mental Retardation; and Director of Program Services, Texas Commission on Alcohol and Drug Abuse. He has served on numerous statewide task forces in Texas and North Carolina (NC), including the NC Practice Improvement Collaborative, Legislative Oversight Committee for Services, and Governor's Next Steps for Youth Initiative. He currently serves on numerous statewide committees.