

TECHNICAL ASSISTANCE REPORT
FOR THE
ACCESS TO RECOVERY GRANT PROGRAM

OUTREACH TO FAITH-BASED ORGANIZATIONS:
STRATEGIC PLANNING AND IMPLEMENTATION

JANUARY 2008

Prepared Under:

The Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
CONTRACT NO. 277-00-6400; TASK ORDER NO. 277-00-6403

Submitted By:

The American Institutes for Research
Performance Management Technical Assistance Coordinating Center
Access to Recovery support tasks



Acknowledgements

This guide draws heavily from information contained in ATR grantee site visit reports and a series of Faith-Based Informational Forums held by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (CSAT/SAMHSA). The information in the report was researched, analyzed, and reported by Gale A. Held, MPA, Rev. Shawn Green-Smith, Kevin Monroe, and Jane Pfefferkorn. In addition, the following CSAT/SAMHSA ATR staff contributed to the report: Andrea Kopstein, Ph.D., MPH, Chief, Quality Improvement and Welfare Development Branch, Natalie T. Lu, Ph.D., PMP, Senior Public Health Advisor and Linda Fulton, Ph.D., Public Health Advisor. Hal C. Krause, MPA, Public Health Analyst served as the Task Order Officer for the PM TACC contract.

Questions regarding this report should be direct to Natalie T. Lu, Ph.D., PMP, Senior Public Health Advisor (Natalie.Lu@samhsa.hhs.gov; 240-276-1582) or the Task Order Officer Hal C. Krause, MPA, Public Health Analyst (Hal.Krause@samhsa.hhs.gov; 240-276-2897).

This document was prepared under the Center for Substance Abuse Treatment, Performance Management Technical Assistance Coordinating Center, Contract No. 277-00-6400, Task Order No. 277-00-6403; Susan K. R. Heil, Ph.D., Project Director.

Contents

1. Introduction.....	1
2. Outreach to Faith-Based Organizations—Strategic Planning	3
Introduction.....	3
A. Overview and Purpose of the Technical Assistance	3
Description of Work Performed.....	4
A. Key Observations	4
B. Outreach to Faith-Based Organizations	5
C. Articulation of Program and Partnership Goals	6
D. Training and Support for Faith-Based Organizations	7
E. Strategic Planning Foundations.....	8
Recommendations and Action Steps	9
3. Outreach to Faith-Based Organizations—Facilitated Discussions	11
A. Grantee Central and Regional Staff	11
Observations	11
Perceived Outcomes of the Technical Assistance	11
Recommendations.....	12
B. Grantee Staff and Faith-Based Organizations.....	12
Observations	12
Perceived Outcomes of the Technical Assistance	16
Recommendations.....	17
Appendix A: Access to Recovery Strategic Plan: Outreach to and Inclusion of Faith-Based Organizations	A-1
Vision.....	A-1
Mission Statement.....	A-1
Major Goals	A-1
Outreach to Faith-Based Organizations	A-1
Support and Training Strategies.....	A-1
Maintaining FBO Providers.....	A-2
Strengths, Weaknesses, Opportunities and Threats (SWOT)	A-2
Key Strategies	A-2
Outreach Strategic Action Plan.....	A-3
Support and Training Strategic Action Plan	A-4
Appendix B: Summary of Planned Faith-Based Organization Activities, Prior to Technical Assistance on Strategic Planning.....	B-1
Appendix C: Detailed Outline for Strategic Planning on Outreach to and Inclusion of Faith-Based Organizations (Day 1 of Strategic Planning Technical Assistance).....	C-1
TA Method/Technique: Guided Discussion	C-1
Strategic Plan: I. Outreach Plan	C-1
Strategic Plan: II. Support and Training Plan	C-3

Appendix D: Outline for Strategic Planning on Outreach and Inclusion of Faith-Based Organizations (Day 2 of Strategic Planning Technical Assistance) D-1
 Investigate Strategies Discussed On Day 1 D-1
 Continue Existing Efforts and Incorporate Enhancements: D-1
 New Efforts: D-1

Appendix E: Worksheet To Refine Goals and Strategies To Recruit Faith-Based OrganizationsE-1

Appendix F: Wiser CHOICE Sample Materials (Provided at Both the Strategic Planning and the Facilitated Discussions Technical Assistance)F-1
 1. Advisory Committee Purpose F-1
 2. Advisory Community Governing Procedures F-4
 3. Plan of Action Containing Assumptions and Timeline F-9
 4. Nomination Notice F-13
 5. Sample Agenda of Faith Community Planning Meeting F-16
 6. Compassion Capital Partner F-17
 7. Community Liaison Position Description F-19
 8. Examples of Clinical Treatment and Recovery Support Services to Share with Potential Providers F-22
 9. Training Plan F-23

Appendix G: Discussion Points on Potential Tension/Conflict When Developing System/Faith Partnerships G-1

Appendix H: PowerPoint Presentation of WI-ATR Faith Provider Inclusion H-1

Appendix I: PowerPoint Presentation: Communicating the Vision Others Will Follow....I-1

Appendix J: “Show Me Recovery” Logic Model J-1

Appendix K: “Managing Transition” by William Bridges K-1

Appendix L: Employee Performance PathwayL-1

Appendix M: National Alliance in Faith Brochure M-1

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 document, *Outreach to Faith-Based Organizations: Strategic Planning and Implementation*, specifically addresses how grantees can conduct outreach activities to engage and include FBOs in their ATR programs. One grantee was interested in defining the organizational structures necessary to engage, enlist, and maintain ATR participation by FBOs. The grantee requested TA in developing a strategic plan for specific tactics to improve outreach to and inclusion of FBOs and to ensure that the grantee achieved its objectives and timelines. A second grantee was interested in TA to enhance its efforts to build working partnerships between the State and FBOs. Peer-delivered TA was received in each case. This report consolidates the two reports on this topic. Excerpts from each of the final TA reports, including more detailed descriptions of the TA and the consultants' recommendations, are provided in this report. Handouts shared at the TA events are included in the appendixes.

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).

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. Outreach to Faith-Based Organizations—Strategic Planning

Introduction

A. Overview and Purpose of the Technical Assistance

Need for Technical Assistance

The grantee requested the assistance of a consultant in defining the organizational structures necessary to engage, enlist, and maintain participation by FBOs in the ATR program. The State health department had several key resources to assist in building relationships with FBOs and was working to develop stronger and more formal relationships with these entities. The single state agency (SSA) had existing contractual relationships with three FBOs. Two of the three were prevention programs; the third was a treatment provider that became an ATR provider within the second month of enrolling providers. The grantee requested assistance to develop a strategic plan to offer outreach and support for potential FBO providers, specific tactics to achieve these objectives, and timelines for implementation of FBO outreach. The grantee was interested in additional strategies to improve outreach to—and inclusion of—FBOs. The TA was held at the end of the first year of the grant.

Overview of Technical Assistance

The consultant assisted the grantee in accomplishing the following objectives by conducting interviews and gathering data at the grantee site:

1. Guide the development of three strategic plans by the grantee that include specific strategies and timelines for
 - conducting outreach to FBOs,
 - providing support and training to FBOs, and
 - maintaining a strong network of FBO providers.
2. List sources for existing resources within the State of materials that the grantee could pre-identify.
3. Review current best practices (including those of current grantees) to engage and maintain a network of FBO providers.
4. Assist the grantee in defining a model for building FBO inclusion within their ATR program.
5. Help the grantee identify sample materials, tools, and training that could be used to recruit and support a network of FBOs.

6. Aid the grantee in identifying available resources and strategies that would help FBOs sustain strong alcohol and drug service organizations.

Description of Work Performed

A. Key Observations

During the TA, the grantee staff raised the following four questions that focused on their perceptions of the improvements needed for working with faith providers:

1. What resources are available to help FBOs develop and/or enhance service delivery (information on how to run groups, how to document services and which services to document, etc.)?
2. What are some ways to develop leadership within the FBO community to encourage other FBOs to participate in ATR and strengthen faith-based resources in the State?
3. What resources are available to help FBOs develop and strengthen their internal business and management capacity to implement and successfully manage ATR (payment system, paperwork, oversight, etc.)?
4. How does one “assess readiness” and FBOs’ levels of readiness for participation in ATR? Part of this question included clarifying the benefits for FBOs that participate in ATR. Also, how can an ATR program be integrated into the existing FBO structure/business so that it fits seamlessly?

These questions clarified that the grantee’s staff perceived a need to improve the operations of faith communities and providers to enable them to work together more effectively. However, grantee staff did not ask what improvements they could make to work more successfully with the faith community. The consultant noted that it is a common misconception among public systems that all necessary improvements must be undertaken by faith organizations and none by the public systems. This misconception became the springboard for the first day’s work during the onsite TA provided by the consultant.

The consultant further noted:

Prior to sophisticated, publicly sponsored social service delivery systems, churches/congregations served as the primary resource to answer social needs within communities; and the infrastructure of these needs-based systems often mimicked the culture of the people, led by elders or leaders of the time. These factors should draw our consideration to cultural, religious and/or spiritual beliefs of our desired partners. Finally, with the more recent elevation of the “faith-based initiative” or provision of equal access for faith-focused service providers, we are attempting to synergize two distinct operational cultures that share a common mission of caring for the most vulnerable in our society.

B. Outreach to Faith-Based Organizations

The ATR program staff members were asked to write and share their ideas—both personal and professional—on the strengths and challenges of government. Specifically, they were asked to focus on partnering with faith organizations to deliver services.

Two questions followed:

1. Are you and your agency prepared to both
 - **Learn** how targeted faith providers desire to work with you (within the context of the program design), and
 - Respectfully **teach** faith providers why and how your agency operates (focus on your common objectives)?
2. What is the nature of the relationship that you desire to have with faith-based service providers? Is it
 - A mutual and cooperative partnership exclusive to the duration of ATR, or
 - A mutual and cooperative ongoing partnership that extends beyond current and future programs, or
 - A one-sided relationship, dependent on public service systems experts who will help these organizations and providers work smarter and develop leadership among them?

This exercise led the staff members to focus on their new partners' strengths instead of on improving these partners and their operations. This understanding was articulated when the staff was asked to create a simple flier to introduce the program to faith leaders. They drafted this language for the flier:

Faith-based organizations (FBOs) are fundamental to the success of the grantee's Access to Recovery program's ability to better serve those who are seeking substance abuse services because FBOs:

- Are equipped like no other provider
- Are uniquely qualified to address the individual's faith experiences
- Offer recovery from a faith perspective
- Expand the circle of choice
- Have long been involved in helping people with addictions

Faith-based organizations often assist others by:

- Hosting 12-step meetings
- Helping to find housing
- Providing financial assistance
- Conducting food banks
- Conducting clothing banks
- Conducting meal programs
- Helping with accessing health care
- Providing spiritual guidance and counseling
- Offering hope and encouragement
- Providing a spiritual family

C. Articulation of Program and Partnership Goals

The ATR program staff agreed on the need to expand communication about the program beyond such methods as mailing application packets to organizations and congregations on general FBO lists, revising the application packet itself, and holding nominal one-on-one and group sessions.

The ATR staff determined that promotional resources and plans for presentations to FBOs should include the following:

- Promotional Material
 - A one-page flier for use in individual and small-group presentations to faith leaders
 - A brochure that clearly explains the program and how to access it
 - A more user-friendly application to improve ease of completion
 - An improved presentation of core competencies for prospective providers
- Preparations for In-Person Presentations
 - Ensure that the the agenda and materials for a faith provider TA session reflect the desired role of faith providers in ATR. .
 - Incorporate promotional items (bracelets, magnets, and bookmarks) into presentations and displays at identified upcoming events.

- Discuss draft components of an information and application TA session for prospective faith providers. (See appendix F, item 5—Sample Agenda of Faith Community Planning Meeting.)
 - Discuss invitation language. site visit for new providers should be conducted.
 - Discuss presentation logistics (staffing, travel, etc.) in person or by telephone.

D. Training and Support for Faith-Based Organizations

The ATR program staff talked about the importance of addressing differences in operational cultures while ensuring that necessary information was exchanged among partners. Several examples from work in this area were discussed:

- ***Promote the benefit of the grantee’s TA***—The current TA relating to the cultivation of working partnerships with faith providers will sharpen the grantee staff members’ knowledge about these providers and about how they operate and how to best synergize efforts.
- ***Understand the important role of the community liaison***—A community/faith liaison is the key to cultivating and maintaining relationships with faith providers, ensuring that she or he is visible and accessible. (See appendix F, item 7—Community Liaison Position Description.)
 - Review the components of a TA session
 - Determine logistics (neutral location, duration, etc.).
 - Provide morning and afternoon sessions.
 - Establish an agenda and set a timeline to pace the session.
 - Articulate the program and partnership as discussed above.
 - Be patient with one another.
 - Ensure that the liaison is noticeable and available for followup.
- ***Review applications***—Ensure that the application review staff are available to answer questions during and after application submission.
- ***Promote the advantages of indirect funding***—Promote the advantages of funding through vouchers and the ease of the payment process.
- ***Thoroughly describe core competency requirements and contract processes***—Provide TA on engaging in contractual relationships with one’s agency (the staff discussed options for a new provider training session).

- ***Seek out other resources to aid faith partners***—Work with other partners to provide additional capacity-enrichment opportunities to partners (e.g., Small Business Administration, Compassion Capital Initiative).

E. Strategic Planning Foundations

The grantee’s staff participated in a “strengths, weaknesses, opportunities, threats (SWOT)” exercise and identified the following strengths and weaknesses:

Strengths

- Experienced staff (two new to the bureau, two tenured)
- Team approach
- Strong commitment
- Willingness to learn

Weaknesses

- Lack of staff (additional staff being hired)
- New service area—recovery support/inability to pay for some things
- Rapid ramp-up/learning curve
- Lack of experience with faith relations and unlicensed providers

This exercise was followed by a detailed group discussion of new and expanded objectives, including the following:

Objectives

- Develop a statewide approach to partnering with existing teams that were formed around an institute concerning public health and faith held the prior year .
 - Review map of regions.
 - Match with areas most affected by substance abuse.
 - Discuss strategy for meeting with each identified team or area.
 - Introduce ATR to each identified team during an upcoming conference call.
- Bring together existing partners to form a six- or seven-person ATR Faith Advisory Council.
 - Develop guidelines for the council.

- Identify potential council members.
- Discuss time frame for forming the council and determine who will invite partners to participate.
- Establish the first meeting date and agenda.
- Finalize dates and prepare for outreach at upcoming state conferences and meeting.
 - Prepare handouts.
 - Prepare a display.

Recommendations and Action Steps

The ATR program staff agreed to focus on implementing the following recommendations and action steps:

- Continue to acknowledge and elevate the key role of FBOs in ATR service delivery by thoughtful consideration of presented and written materials. Include input from a program advisory council and a grant-specific work group.
- Through a program advisory council and a grant-specific work group, continue to seek operationally competent ways to inform and educate current and prospective FBO service partners about SSA programs and procedures.
- Proactively pursue and cultivate ongoing partnerships with the State's FBOs that support the successful service delivery of ATR and other SSA programs.
- Reach or exceed the number of FBO providers projected for the ATR program.
- Strategically use new and existing resources and relationships in the continued implementation of the ATR program.
- Develop, refine, and implement targeted printed material to inform and engage FBOs about the delivery of treatment services for State residents.
- Successfully implement statewide individual and group sessions to inform the faith community about ATR and solicit the participation of prospective providers.
- Whenever possible, ensure that in-person meetings or trainings with new and existing faith partners serve the dual purpose of offering the partners insight on the grantee while enabling the grantee to gain insight on them.

Action Steps

Outreach to Faith-Based Organizations	
Task	Action
1. Receive TA to enhance outreach to and training and support for partnerships with FBOs	Needs assessment Two-day session Followup and reports
2. Identify and hire remaining ATR-specific staff	New staff hired and trained
3. Finalize one-page program introduction and develop one-page flowchart of program for presentations to clergy and faith leaders	New flier and flowchart
4. Include table of contents and review existing provider application for opportunities to streamline or combine information or sections	User-friendly application packet
5. Provide program introduction and application TA to prospective FBO providers on August 27 and monthly thereafter	Successful session with prospective providers
6. Develop one-page, trifold brochure to distribute in conjunction with promotional items (wristbands, magnets, and bookmarks) at identified upcoming conferences and events	Comprehensive program brochure
7. Use statewide Alcohol & Drug data and mapping to target areas where methamphetamine abuse is a critical problem	Identify areas where methamphetamine abuse is a critical problem
8. Target outreach to identified areas and corresponding teams during the August 30 teams conference call with the director of the faith initiative office	Presentation on team conference call
9. Conduct personal followup with each team or team referrals	Calls and visits to those who expressed interest
10. Using department resources, identify county health councils that have selected Alcohol & Drug abuse as a priority for their area; make contact to request names of local faith organizations serving this population	List of faith organizations Contacts made
11. Expand statewide input and involvement by <ul style="list-style-type: none"> • Establishing a six- or seven-member ATR Faith Advisory Council, holding first meeting in early October • Activating the grant's work group, holding first meeting in September 	Guidelines drafted Both meetings held
12. Work with the faith initiative office and the grantee parent agency's director to maximize exposure of ATR among existing and developing relationships with identified denominations	Contact strategy completed for each denomination

Support and Training for Faith-Based Organizations	
Task	Action
1. Receive TA to enhance outreach to and training and support for partnerships with FBOs	Needs assessment Two-day session Followup and reports
2. Identify and hire remaining ATR-specific staff	New staff hired and trained
3. Provide program introduction and application TA to prospective FBO providers on August 27 and monthly thereafter	Successful session with prospective providers
4. Enhance presentation of core competency requirements to FBOs by developing and using a more user-friendly name, description, and offer in conjunction with other pertinent TA or program information	Revised training agenda/outline
5. Continue to cultivate relationships with all new providers by inviting them to periodic regional bureau training opportunities	Distribute invitation to next training session to all providers
6. Expand statewide input and involvement by <ul style="list-style-type: none"> • Establishing a six- or seven-member ATR Faith Advisory Council, holding first meeting in early October and • Activating the grant's work group, holding first meeting in September 	Guidelines drafted Both meetings held

3. Outreach to Faith-Based Organizations—Facilitated Discussions

The grantee requested assistance from CSAT on how to enhance its efforts to build working partnerships between the State and faith-based service providers. As a result, two facilitated discussion sessions were held with representatives from other ATR grantee States. In the first, the discussion was with the grantee's central and regional staff to discuss how to enhance their efforts to build working partnerships between the State and the FBOs and provide a report. The second discussion was among FBOs, ATR coordinators, and State ATR staff to discuss establishing a statewide faith-based coalition or advisory council. These discussions were held one month apart, nearing the end of the second year of the ATR grant. Excerpts from the TA reports provided for each meeting follow.

A. Grantee Central and Regional Staff

Observations

This session was very timely for the grantee team because it had recently hired additional regional staff to assist with more one-on-one engagement with potential faith-based service providers. The consultant observed that the existing grantee staff had experienced many challenges; however, discussions for the day helped refresh and revitalize staff members while informing new staff of the challenge and opportunities that lay ahead.

The grantee team decided to meet regularly, perhaps bimonthly or quarterly, to receive additional training on compliance and outreach and to share successes and challenges.

The team members discussed the challenges they had faced and proposed specific strategies for partnering with faith-based and other nontraditional providers. The consultant observed great enthusiasm and commitment by the grantee staff for helping people who need alcohol and other drug abuse treatment and support services and also for supporting one another.

The consultant shared a number of documents used at her grantee site in developing an organized way of working with FBOs as part of the ATR program. Those documents are in appendix F. This same consultant provided the TA discussed earlier in this paper on outreach and strategic planning to FBOs. All items in appendix F were also shared at this first TA event.

Perceived Outcomes of the Technical Assistance

As a result of the TA, the grantee staff should be:

- Better able to share the ATR opportunity with FBOs
- Better able to address and minimize their apprehension
- Able to provide resources to eliminate barriers to participation for FBOs (e.g., business insurance, banking)

In addition, the participants expressed a desire to better communicate with and share ideas and resources among the regions and within the headquarters. They also recognized that their experiences are not unique, that it is common for nontraditional partners to take additional time with the application process, and that the additional time may not reflect an inability to communicate or indicate a lack of interest. The challenges they encounter are common and can be conquered by undertaking additional planning, sharing resources and knowledge, and using available TA.

With respect to some specific activities, the following should occur as a result of the TA:

- The grantee should be able to get reports from each region on projected goals and needs for FBO providers within 30 days and subsequently get monthly reports with actual numbers.
- The grantee should be able to get a copy of each region's "Refined Goals and Strategies" worksheet that describes the "End Product," "Point Person," and "Timeframe" within 30 days and request periodic updates on the status of identified objectives.
- Within 60 days, the grantee should know whether regions are submitting "good practices" to headquarters and whether they are compiling and sharing this information throughout the state.
- Within 60 days, the grantee's monthly report should show additional outreach activities and the addition of FBO providers.

Recommendations

- Develop and implement a schedule, perhaps regionally, of TA sessions to help new providers complete the ATR application form and identify local resources for items that hold up application submission. For example, to help new providers obtain a certificate of insurance, existing provider applications should be reviewed to identify insurance companies and/or agents that have supplied insurance. Current providers could be asked to make referrals to their insurance companies. They could do likewise for area banks.
- Regional staff should forward successful strategies to "headquarters." This information will then be compiled and shared with all regions.
- A followup session should be held to assist with more region-specific strategies and perhaps to address providers apprehension about working with a Government Agency.

B. Grantee Staff and Faith-Based Organizations

Observations

The goal of this TA was to develop the ability of the ATR staff to build working relationships with FBOs in the State. Although the group had not previously met as a whole for the purpose of becoming a statewide coalition or advisory council, successful groundwork had already been

accomplished. Specifically, the co-founder of a faith-based clinical treatment provider that was an ATR agency had worked with the State under contract for several years. In fact, she was the first faith-based clinical treatment provider in the State.

The major differences between the grantee site providing the TA and the grantee receiving the TA were (1) particular eligibility requirements, (2) faith-based providers as treatment components, and (3) the application process. The experiences of both States were very similar, especially in terms of (1) the issues of communication and trust levels between State staff and faith-based providers, (2) smaller faith-based entities not having a structure to support the requirements of ATR, and (3) larger faith-based entities not wanting to become involved with the population served by ATR.

The consultant was immediately impressed by the willingness displayed both by the State (to support the development of the FBOs to handle the documentation and structure of ATR) and by the leadership from the faith community. They fully support the coalition, and now that it has gotten off the ground, they are committed to taking it to the next level quickly through additional TA and linkages to individuals recommended by the consultant.

The attendees at this TA session represented the 10 regions of the State. The grantee had approximately 146 providers at the time of the TA, 44 of whom were faith-based. Each region had a state ATR coordinator assigned to work with the FBOs of the region. The question seemed to be whether these three groups of individuals (State ATR staff, State ATR regional coordinators, and FBOs, some of whom were ATR RSS providers, some of whom were in the application process, and some who were still unsure of exactly what it all meant) could indeed come together and build a working relationship that would be the basis for sustainability and more effective services to the suffering alcoholic and/or addict and their families. The consultant observed that there was absolutely a unified spirit in this meeting—something of utmost importance if this coalition is to succeed.

At least twice during the presentation, the groups discussed feelings, concerns, doubts, commitments, and questions. There was open sharing and tough questions were raised, such as “What happens when ATR funding is no longer available?” At the end of the day, four large groups each prepared a worksheet on which they described their “shared” values, “shared” vision, “shared” standard of care, “shared” doubts and concerns, and “shared” commitments. These were reported out to the entire group.

A summary of the **Shared Values/Vision worksheet** follows.

Shared Values

- Trust and mutual respect.
- Unity.
- People are valuable and can grow into constructive assets to the community and kingdom.
- Broad-based community availability.
- Broad connectivity. Integrity. Commitment and passion to get something accomplished.
- Every person can become a productive member of society.
- Every person can become all that they were created to be.
- Productive people.

Shared Vision

- A true statewide coalition coming together to enhance the same causes including treatment, prevention and a faith base.
- Working together to eliminate addictive and destructive behavior in our state.
- Significant increase in successful outcomes with increased public support.
- Uniting faith and professional.
- To develop programs which eliminate destructive behaviors.
- Healthy and safe communities for kids.
- Expanding services to more people low in resources.

Shared Standard of Care

- All service providers have equal access to all the same services. Both faith-based and the treatment providers have some degree of services that are standardized.
- Everyone should use best practices and be judged by the results fairly.
- Get away from incarceration as a means of detoxification.
- Qualified staff and evidenced-based programs.
- All play by the same rules.

- Best practices and Charitable Choice that have good outcomes.
- Ethical and equal meaningful opportunities.

Shared Doubts and Concerns

- Can faith-based and Government entities co-exist without fear and distrust from both sides?
- Funding dries up.
- Failure to get support of public bodies.
- Failure of the change.
- Can these groups work together and co-exist with mutual distrust?
- After ATR services are no longer funded, will there be a coalition and will service providers be able to continue to provide services? What will happen to the consumers if funding is terminated? Will the state take over this practice?
- Problem eclipses solution.
- Lack of funding.
- Lack of providers.
- Maintaining focus.
- Continuation of effort.

Shared Commitments

- Keep working together—perseverance.
- Do what you can with what you have right now.
- Excellence, love, service.
- Excellence, compassion, serving.
- Work together to strengthen ATR and faith and community based organizations with a better understanding of each other.
- To excellence, to compassion, to serving.
- Both state and faith based have similar goals and objectives that benefit sharing the same level of commitment to assist everybody. All the citizens and every entity will benefit from this commitment.

The group was led through several activities:

- ***Discussion of the Past, Present, and Preferred Future:*** Feelings, experiences, changes, foundations built, letting go.
- ***Casting the Future:*** Using 3 × 5 cards in an exercise (mixing together FBOs, State staff, and regional coordinators) to look at the journey of the next five years: What are the pictures with captions they could take along the way? What picture do they have of the future?
- ***Effective Vision Casting:*** Clarity, communication, visuals, simplicity, metaphors.
- ***Logic Model:*** Embracing the process (The “Show Me Recovery” Logic Model, shared by the consultant, is in appendix J).
- ***Communicating the Vision:*** Multiple forums, multiple learning types, repetition (see PowerPoint presentation in appendix I).
- ***Leadership by Example:*** We must not try to do the right thing the wrong way!
- ***Final Exercise*** (again in mixed groupings): Two-way dialogue, action oriented, touching the emotions, empowering the people, handling resistance.
- ***Sharing the TA that Mission Missouri has received.***

Perceived Outcomes of the Technical Assistance

As a result of these discussions and the development of the shared values and vision worksheet, the consultant noted the expected outcomes of the TA as follows:

- What will they be able to do that they cannot do now?
 - Eliminate barriers to collaboration to build a statewide ATR coalition.
 - Understand the requirements of FBOs, State ATR staff, and regional coordinators in order to build a successful statewide coalition/advisory council.
- What will they know that they do not know now?
 - How to articulate shared values, shared vision, shared standard of care, shared doubts and concerns, and shared commitments
 - How to create a vision of the preferred future
 - How to cast the vision of what it looks like for the State ATR staff, regional coordinators, and FBOs to work more effectively together

- How and when will we be able to measure successful outcomes?
 - Advisory Council/Coalition has set a timeline for activities to accomplish the shared vision.
 - Advisory Council/Coalition has formalized structure (elected officers, performed strategic planning, formed relationships with regional coordinators).
 - Advisory Council/Coalition has conducted well-planned membership/recruitment effort.
 - State ATR staff has provided TA on capacity building and sustainability to FBOs.
 - State ATR staff has assisted Advisory Council/Coalition in developing an objective standard of care through implementing best practices and quality assurance measures.
 - At least 50 percent of the current ATR FBOs have joined the Advisory Council/Coalition and taken an active role in becoming a voice of accountability through implementation of oversight measures in partnership with the grantee.
 - At least 50 percent of the ATR FBOs have incorporated best practices into their ministry of recovery support services.
 - At least 50 percent of the ATR FBOs have implemented sufficient technology, human resources, accounting, board development, organizational development, and capacity building practices within their organizations.
 - The effectiveness of the Advisory Council/Coalition is regularly assessed through continual communication among State ATR staff, regional coordinators, and the FBO Advisory Council/Coalition. Assessment is recommended at 3, 6, and 12 months.
 - Training will be provided (if needed) to more effectively unite the faith, recovery, and professional communities.

Recommendations

- Follow through with the detailed outline of action steps submitted to the Advisory Council/Coalition.
- Use the ATR regional coordinators to their fullest potential, which will require the coordinators to build relationships with the FBOs in their region. Building a relationship takes time. It cannot be accomplished by sitting in an office or by expecting the FBOs to come to the coordinator. The coordinator must make the effort to build the trust and the relationship.
- ATR staff must continue to deliver what they have promised. They have been responsive, creative, flexible, and empathetic. Staff members display a comfort level that is supportive and accessible. That foundation must be built on and quickly.

- The consultant recommended that these particular FBOs set the standard for others to follow. Objective and well-known standards of care must be set by the Advisory Council/Coalition and monitored by both the State and the council. A quality of care statement should be immediately created, implemented, and articulated by all concerned members of this council in conjunction with the State ATR staff and regional coordinators. FBOs also must be willing to learn from the recovery and professional communities. They must be willing to learn business and best practices.
- FBOs should be taught and understand the necessity of technology for tracking participants and outcomes. Although the State ATR has its own method and system, FBOs will have other ministries and should receive assistance immediately in implementing a simple but thorough tracking system and database. The consultant said that she knew from personal experience the value of having such a component on the front end of a program instead of trying to develop and implement one after a program has become successful but too large to easily manage.
- One area the consultant noted, but did not witness at the grantee site, was the potential need to strengthen the incorporation of the recovery community from such groups as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Al-Anon.

Appendix A: Access to Recovery Strategic Plan: Outreach to and Inclusion of Faith-Based Organizations

Vision

The grantee's vision of FBO's ATR involvement in 3 to 4 years time is:

The State ATR project will partner with faith-based organizations to expand the circle of choice for persons seeking substance abuse services.

Mission Statement

The central purpose and role of State ATR faith-based outreach is defined as:

We believe that substance abuse is destructive to individuals, families, and communities. Therefore, the State ATR will build partnerships with faith communities to support a common purpose of fostering wholeness through recovery.

Major Goals

The following key targets will be achieved by the grantee over the next 6 months:

	As of July 1	Aug	Sept	Oct	Nov	Dec	TOTAL
FBO Target	NA	5	2	2	3	3	15
Actual	1	3					4

Outreach to Faith-Based Organizations

Identifying the best ways to recruit FBOs:

- What messages, materials, and methods have been most successful in attracting and locating FBOs (especially in rural parts of the State) for the ATR program?

Support and Training Strategies

Define the appropriate needs and responsibilities for FBOs within the ATR program:

- What are the informational needs of FBOs entering the ATR program and beginning Government contracting?
- What types of information should be provided?
- What training materials are available?
- What topics should be covered during an FBO training session?

- How can leadership within the FBOs be developed and enhanced?

Maintaining FBO Providers

Identify currently available materials:

- What preprinted materials exist?
- What web resources are available?
- Have FBOs that have excelled in the ATR program been identified, and are they able to provide peer consultation?
- What additional information and assistance for FBOs are available?

Strengths, Weaknesses, Opportunities and Threats (SWOT)

This strategic plan addresses the following key strengths, weaknesses, threats, and opportunities for the grantee:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Experienced staff (two new to Bureau, two tenured) • Team approach • Strong commitment • Willingness to learn • Use of vendor authorization vs. contract 	<ul style="list-style-type: none"> • Lack of staff; additional staff being hired • New service area—recovery support/inability to pay for some things • Rapid ramp up/learning curve • Lack of experience with faith relations and unlicensed providers • Statewide approach

Threats	Opportunities
<ul style="list-style-type: none"> • Faith organizations' fear of working with Government • Apprehension about potential legal issues • New Federal/State grantee process, changes • Change for us and providers • An inability to offer consumer choice 	<ul style="list-style-type: none"> • Provide funding to underserved and underfunded areas • Use creativity that is created from change and adversity • Develop new, lasting partnerships • Provide expanded services • Target an urgent need by area

Key Strategies

The following critical strategies will be pursued by the grantee:

- Continue to acknowledge and elevate the key role of FBOs in ATR service delivery through the thoughtful consideration of presented and written materials through input inclusive of a program advisory council and a grant-specific Work Group.

- Continue to seek operationally competent ways to inform and educate current and prospective FBO service partners about SSA programs and procedures through input inclusive of a program advisory council and a grant-specific Work Group.
- Proactively pursue and cultivate ongoing partnerships with FBOs in the State that support the successful service delivery of ATR and other Bureau programs.
- Reach or exceed the projected goal of FBO providers in the ATR program.
- Strategically use new and existing resources and relationships in the continued implementation of the ATR program.

The following important strategies will also be followed:

- Develop, refine, and implement successful use of targeted printed material to inform and engage FBOs about/in the delivery of treatment services for residents of the State.
- Successfully implement statewide, in-person (individual and group) sessions to inform the faith community about ATR and solicit prospective providers.
- Whenever possible, ensure that in-person meetings/trainings with new and existing faith partners serve the dual purpose of having partners gain insight on the SSA and having the SSA gain insight on the partners.

Outreach Strategic Action Plan

The following strategic action steps were identified during the technical assistance visit. The timeframes were projections at the time of the visit and will be revised during implementation.

Action Plan	Goal/End Product	Point Person	Timeframe
1. Receive TA to enhance outreach to and training and support for partnerships with FBOs	Needs assessment, a 2-day session, follow up and reports		
2. Finalize one-page program introduction and develop one-page flowchart of program for presentations to clergy and faith leaders	New flier and flowchart		
3. Include table of contents and review existing provider application to possibly streamline or combine information/sections	A revised, user-friendly application packet		
4. Provide program introduction and application TA to prospective FBO providers	Implement a successful session with prospective providers		
5. Develop one-page, trifold brochure to distribute in conjunction with promotional items (wristbands, magnets, and bookmarks) at identified, upcoming conferences and events	A comprehensive program brochure		

Action Plan	Goal/End Product	Point Person	Timeframe
6. Use statewide A&D (alcohol and drug) data and mapping to target areas where methamphetamine abuse is a critical problem	Critical areas identified		
7. Target outreach to identified areas and corresponding teams through a conference call in conjunction with coordinator of the State's existing faith-based initiative	Presentation on team conference call		
8. Conduct personal follow up with each team or team referral(s)	Calls and visits to those who expressed interest		
9. Use health department resources, identify county health agencies that have selected A&D abuse as a priority for their area, and make contact to request leads on local faith organizations serving this population	Completed list and contacts made		
10. Expand statewide input and involvement by (1) implementing a six- or seven-member ATR Faith Advisory Council, holding first meeting in early October, and (2) activating the grant's Work Group	Guideline drafts completed and both meetings held		
11. Work with the agency's faith-based program director to maximize exposure of ATR among existing, and developing relationships with identified, denominations	Contact strategy completed for each denomination		

Support and Training Strategic Action Plan

The following strategic action steps were identified during the technical assistance visit. The timeframes were projected at the time of the visit and will be revised during implementation.

Action Plan	Goal/End Product	Point Person	Timeframe
1. Receive TA to enhance outreach to and training and support for partnerships with FBOs	Needs assessment, a 2-day session, follow up and reports		
2. Provide program introduction and application TA to prospective FBO providers monthly	Implement a successful session with prospective providers		

Action Plan	Goal/End Product	Point Person	Timeframe
3. Enhance presentation of core competency requirements to FBOs by developing and using a more user-friendly name/description and offer in conjunction with other pertinent TA or program information	A revised training agenda/outline		
4. Continue to cultivate relationships with all new providers by inviting them to use periodic Bureau regional training opportunities	Distribute invite to all providers for next training session		
5. Expand statewide input and involvement by (1) implementing a six- or seven-member ATR Faith Advisory Council and (2) activating the grant's Work Group	Guideline drafts completed and both meetings held		

Appendix B: Summary of Planned Faith-Based Organization Activities, Prior to Technical Assistance on Strategic Planning

Recruitment Goals

	As of July 1, 2005	Aug 2005	Sept 2005	Oct 2005	Nov 2005	Dec 2005	TOTAL
FBO							
Target	NA	5	2	2	3	3	15
Actual	1						

Completed Steps	Complete Date
1. Established eligibility for FBO	
2. Developed application packet	
3. Sent application packet to 160 FBOs (identified through the provider association and SSA) <ul style="list-style-type: none"> Received 23 applications from FBOs (incomplete applications) Sent out follow-up letters to those missing information Sent a second mailing to FBOs 	
4. Met with the State faith-based office director regarding outreach efforts to FBOs	
5. Provide "Core Competency" training one time per month for clergy	
6. Enrollment of FBOs <ul style="list-style-type: none"> Enrolled one FBO Identified 5 potential FBOs who are most ready to enroll 	
7. Identify a point person for FBOs <ul style="list-style-type: none"> Developed strategic plan 	
8. Focused recruitment efforts <ul style="list-style-type: none"> Contacted FBOs identified by the faith-based office director as having an interest in ATR Met to finalize application Teleconference with 10 FBOs who are interested (18 invited to participate) Contact various faith-based associations to attend their meetings to get contacts for associations in other parts of the State 	
9. FBO training <ul style="list-style-type: none"> Training scheduled for those who participated in the conference call and others who have expressed an interest in ATR 	
10. Technical assistance from grantee for FBOs <ul style="list-style-type: none"> Offered to meet 1-on-1 with FBOs Met with several FBOs to assist them in completing their application 	
11. Technical assistance from CSAT <ul style="list-style-type: none"> TA conference call Onsite TA 	
Planned Activities	
A. Exploring possibility of divinity intern through Vanderbilt Divinity School and American Baptist College	
B. Recruit additional FBO in key areas, looking for areas in which consumer choice is needed and areas of high incidence of drug use	
C. Send ATR information to denominational heads and follow with a telephone call	

Completed Steps	Complete Date
D. Meet with professional clergy associations	

Appendix C: Detailed Outline for Strategic Planning on Outreach to and Inclusion of Faith-Based Organizations (Day 1 of Strategic Planning Technical Assistance)

TA Method/Technique: Guided Discussion

Strategic Plan: I. Outreach Plan

Introduction

Premise: We are faced with the challenge of merging the knowledge of science-based, public service systems with community and culturally based wisdom to create collaborative methods of helping those in need in our communities.

Historical Perspective: Before sophisticated, publicly sponsored social service delivery systems, churches and congregations served as the primary resource to answer social needs within communities. The infrastructure of these needs-based systems often mimicked the culture of the people, led by elders or leaders of the time. These factors should draw our consideration to the cultural, religious, and/or spiritual beliefs of our desired partners. Finally, with the recent elevation of the “faith-based initiative,” or provision of equal access for faith-focused service providers, we are attempting to synergize two distinct operational cultures that share a common mission of caring for the most vulnerable members of our society.

Assess Personal, Professional, and Agency Views

- [Action] Ask participants to write down their honest thoughts on potential strengths and opportunities of partnering with faith-based providers.
- [Action] Ask each participant to share one or two of each and have someone record common and surprising thoughts and themes.
- [Action] Begin guided discussion of the following:
 1. Are you and your agency prepared to both
 - learn how targeted faith providers desire to work with you (within the context of the program design) and
 - respectfully teach faith providers why and how your agency operates (focus on your common objectives)?
 2. What is the nature of the relationship that you desire to have with faith-based, service providers? Is it
 - a mutual and cooperative partnership exclusive to the duration of ATR **OR**
 - a mutual and cooperative partnership that is ongoing and extends beyond the ATR program(s) both now and in the future **OR**

- a one-sided, heavy-on-public-service-system expert who will help these organizations and providers work smarter and develop leadership among them?
 - o [Role Play] Please give an example of a one-sided, heavy-on-the-public-service system expert talking with colleagues about engaging faith-based providers in their work.
 - o [Role Play] Please give an example of public service system staff preparing for a meeting with six area pastors and a few parishioners to introduce your ATR program to them and discuss potential areas in which to partner.
 - o [Action] Discuss the contrast between the two scenarios.
- 3. Solicit the help of existing faith partners to have an authentic dialogue that identifies mis/perceptions and produces guidelines or methods to address and work through discussed (and emerging) challenges and barriers.
- 4. Consider an ongoing leadership role for faith providers within your ATR program.
 - [Action] If desired, provide details on how to establish a faith or faith/staff council that meets regularly to address issues specific to faith providers.

Outreach: Articulating the Program and Partnership Goals

1. How are you currently sharing information about your ATR program with faith providers?
 - Discuss methods and tools that have been used and their outcomes/effectiveness (e.g., mailing list, letters, fliers).
 - Do your materials and tools target both broad and targeted audiences?
 - o [Action] Using a sample of their existing mailing list, guide them through an exercise of dissecting the mailing list into desired areas (e.g., denomination, ZIP code, specific neighborhoods).
 - o [Action] Using an existing letter or flier, guide them through an exercise of simple changes that target sectors within the faith community.
2. How have you articulated why you want to cultivate a working relationship with faith-serving organizations? Where and to whom?
 - o [Action] Pick up on the role play from item 2, but instead of having staff present to pastors and parishioners, have participants play both roles.
 - Identify and discuss strengths and opportunities of the presentation.
 - How would you rate your effectiveness at communicating the following:
 - o Your program and potential partnership opportunities with faith providers?

- The value added for your agency, the organizations you desire to partner with and those seeking services?
 - How the outcomes of the programs and services will be enhanced by this partnership?
 - Discuss the possibility of hosting sessions, with faith providers, to authentically discuss barriers to partnership and draft mutually agreed-on methods of engagement and potential tools.
3. Discuss staffing to support identified objectives and the role of a multicultural program intermediary

Strategic Plan: II. Support and Training Plan

1. Your agency, having technical assistance in the area of cultivating working partnerships with faith providers, will have sharpened knowledge about these providers and about how they operate and how to best synergize your efforts.
2. Your community or faith liaison is the key to cultivating and maintaining relationships with faith providers, so ensure that he or she is consistently presented to the community as a hands-on resource, is accessible, and has an alternative contact.
3. Discuss key roles and responsibilities of the liaison and how this person interacts with other program staff.
 - [Action] Review sample position description and highlight key roles and responsibilities.
4. Discuss and draft components of an information and application technical assistance session for prospective faith providers.
 - Discuss invitation language and review a sample.
 - Determine logistics (e.g., neutral location, duration).
 - Provide morning and afternoon sessions.
 - Establish an agenda and set timeline to pace the session.
 - Articulate program and partnership as discussed above.
 - Provide a comprehensive but brief overview of the program.
 - Carefully consider who presents the application review portion because it requires both acute technical knowledge of the application and interpersonal skills.
 - Be patient with one another.

- Ensure that the liaison is noticeable and made available for follow-up.
5. Ensure that application review staff are available to answer questions during and after the submission of applications.
 6. Promote the features of indirect funding (voucher) and the ease of the payment process.
 7. Provide technical assistance on engaging in contractual relationships with your agency.
 - Review sample of contractual TA session.
 8. Work with other partners to provide additional capacity-enrichment opportunities to your partners (e.g., Small Business Administration).

Appendix D: Outline for Strategic Planning on Outreach and Inclusion of Faith-Based Organizations (Day 2 of Strategic Planning Technical Assistance)

VISION: A future in which (the State) is free of substance abuse and our children are safe.

MISSION: To improve the quality of life of the people of (the State) by providing an integrated network of comprehensive addiction services that foster self-sufficiency and protect those who are at risk.

Investigate Strategies Discussed On Day 1

Continue Existing Efforts and Incorporate Enhancements:

New Efforts:

1. Develop statewide approach to partnering with existing teams that were formed around the Institute.
 - Develop guidelines for the Council.
 - Review map of regions.
 - Match with areas most affected by substance abuse.
 - Discuss strategy for meeting with each identified team and area.
2. Bring together existing partners to form a six- or seven-person ATR Faith Advisory Council.
 - Develop guidelines for the Council.
 - Identify potential participants.
 - Discuss who will ask participants and when.
 - Establish the first meeting date and agenda.

3. Finalize dates and prepare for outreach opportunities at upcoming State conferences and meeting.
 - Prepare handouts.
 - Prepare a display.

Appendix E: Worksheet To Refine Goals and Strategies To Recruit Faith-Based Organizations

Refine Goals and Strategies: Use this form to record discussion on identified goals and strategies to recruit FBOs:

- Consider messages, materials, and methods that have been most successful at locating and attracting FBOs
- Similarly, consider what has deterred FBOs from participating.

Goal/Strategy	End Product	Point Person	Timeframe
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Appendix F: Wiser CHOICE Sample Materials (Provided at Both the Strategic Planning and the Facilitated Discussions Technical Assistance)

1. Advisory Committee Purpose

WISER CHOICE PROJECT

Wisconsin Supports Everyone's Recovery Choice

Faith-Based Advisory Committee Guidelines -- **DRAFT**

Presented by Rev. Shawn Green-Smith
Faith Partnership Network

What is an Advisory Group?

An advisory group is a collection of individuals who bring unique knowledge and skills that complement those of the formal leadership in order to more effectively govern the organization. Advisory groups are sometimes used to provide membership that gives status to the organization or a particular focus, for example, retired CEOs, board chairs, or major contributors.

The advisory group does not have formal authority to govern the organization and cannot issue directives to be followed. Rather, the advisory group serves to make recommendations and/or provide key information and materials to the formal leadership. The advisory group can be standing (or ongoing) or ad hoc (one-time).

When Should an Advisory Group Be Formed?

Consider establishing an advisory group when it is apparent that a major, current issue/challenge or complex program/product/service is too complex and/or numerous to be handled by the formal leadership. It is best if the advisory group is formed to address a need that is usually outside the usual, ongoing roles and responsibilities of the leadership.

How Should the Advisory Group Be Defined/Organized?

For ongoing major activities (for example, that will last longer than a year), establish a standing advisory group. For short-term activities (for example, one to nine months), establish an ad hoc advisory group.

Carefully define the role of the advisory group in the formal boards' by-laws or establish its own procedures. In the by-laws/procedures, specify the advisory group's purpose, duration, guidelines for membership, the ways it contributes knowledge and skills, and any structures/policies through which the advisory group interacts with the formal leadership and organization staff.

Advisory group, like formal boards, should have a chair who drives the organization and development of the advisory group. The advisory group chair should be the point of contact between the advisory group and the formal leadership.

The Wiser Choice Faith Community Advisory Committee (FCAC) Overview

Purpose: The Advisory Council is established to fulfill the State of Wisconsin's and Milwaukee County's desire to ensure that the faith community is a full partner in supporting the recovery of County citizens.

The responsibilities of the Advisory Committee shall include:

- To appoint two representatives to serve as members of the Wiser CHOICE Executive Committee attend quarterly meetings, and fulfill Committee responsibilities). To provide advice to the Wiser CHOICE Executive Committee and Milwaukee County Wiser CHOICE Project Administrator on all aspects of project planning and implementation
- To participate in the recruitment and selection of the Faith Community Coordinator
- To work collaboratively with the Coordinator to identify and conduct outreach to faith-based providers to invite their participation in the Wiser CHOICE program
- To work collaboratively with the Coordinator to assess and articulate the technical assistance/training needs of identified prospective providers
- To participate in the development of standards for Wiser CHOICE faith-based providers
- To work collaboratively with the Coordinator to educate congregation members regarding the availability of Wiser CHOICE services and cultivate mechanisms by which they can help individuals access these services
- To work collaboratively with the Coordinator to organize interested Milwaukee-area congregations to develop natural supports (e.g. mentors), recruit employers to offer jobs to Wiser CHOICE participants, locate housing, etc.
- Other activities as agreed to jointly by the FCAC and the Executive Committee.

Advisory Council

The Advisory Council is composed of:

1. faith leaders whose congregation or faith-based organization provides services to OR faith leaders who demonstrate a strong interest in addiction recovery and related issues
2. spouses, parents or guardians of persons with addiction issues that are affiliated with a congregation or faith-based organization

The Advisory Council has the overall purpose of acting as a conduit for information between the Wiser Choice Project and relevant agencies, service providers and individuals with addiction issues.

Membership

The Council will include up to 13 voting members. The Council membership should reflect the make-up of the affected population, related providers, and leaders. Members who miss two consecutive meetings may be removed from the Council. New members will be appointed by a simple majority vote of the Council.

Officers

The Council shall choose from its voting members a Chairperson, Vice-Chair, and Secretary. The Chairperson shall conduct the meetings and work with the Faith Community Coordinator to prepare an agenda for each meeting, the Vice-Chair shall fill in for the Chairperson in his or her absence, and the Secretary shall prepare minutes of each meeting. The officers shall serve for one year term, renewal for one additional year.

Meetings

The Council shall hold regular meetings bi-monthly. Special meetings may also be held as needed.

Quorum

A quorum shall be a majority of the voting members of the Council.

Votes

A quorum must be present before any vote is taken. Motions put before the Council require a vote of the majority of the members present to pass.

Sub-Committees

The Council shall establish sub-committees as needed to deal with special Council business and issues. There shall be no more than three sub-committees at any time.

2. Advisory Community Governing Procedures

WISER CHOICE PROJECT

Wisconsin Supports Everyone's Recovery Choice

Faith-Based Advisory Committee GOVERNING PROCEDURES (BY-LAWS)

Presented by Rev. Shawn Green-Smith
Faith Partnership Network

I. NAME AND PURPOSE

The name of the committee shall be the Wiser Choice Faith Community Advisory Council (FCAC)

The Advisory Council is established to fulfill the State of Wisconsin's and Milwaukee County's desire to ensure that the faith community is a full partner in supporting the recovery of citizens of Milwaukee.

The purpose of the Advisory Council shall be:

1. To appoint two representatives to serve as members of the Wiser CHOICE Executive Committee attend quarterly meetings, and fulfill Committee responsibilities). To provide advice to the Wiser CHOICE Executive Committee and Milwaukee County Wiser CHOICE Project Administrator on all aspects of project planning and implementation
2. To participate in the recruitment and selection of the Faith Community Coordinator
3. To work collaboratively with the Coordinator to identify and conduct outreach to faith-based providers to invite their participation in the Wiser CHOICE program
4. To work collaboratively with the Coordinator to assess and articulate the technical assistance/training needs of identified prospective providers
5. To participate in the development of standards for Wiser CHOICE faith-based providers
6. To work collaboratively with the Coordinator to educate congregation members regarding the availability of Wiser CHOICE services and cultivate mechanisms by which they can help individuals access these services
7. To work collaboratively with the Coordinator to organize interested Milwaukee-area congregations to develop natural supports (e.g. mentors), recruit employers to offer jobs to Wiser CHOICE participants, locate housing, etc.
8. Other activities as agreed to jointly by the FCAC and the Executive Committee.

II. ORGANIZATION

- A. The voting membership of the Advisory Council shall be composed of those described below, unless otherwise replaced by the Council. The Council will include:

1. faith leaders whose congregation or faith-based organization provide OR faith leaders who demonstrate a strong interest in addiction recovery and related issues
 2. spouses, parents or guardians of persons with addiction issues that are affiliated with a congregation or faith-based organization
- B. The membership of the Advisory Council shall consist of no less than nine (9) or more than thirteen (13) members
1. The Advisory Council membership will be comprised of no less than 70% persons directly representing faith organizations
 2. The Advisory Council will have members who are or have themselves been affected by addiction or who are the direct representation of people with addiction issues (e.g. parents, spouses, advocate).
 3. The officers shall be appointed by a simple majority vote of the Council for a one year term, renewal for one additional year. Charter members shall be appointed by the Faith Community Planning Committee for a staggered one or two-year term and new members shall be appointed by a simple majority vote of Council members for a one or two year term.
 4. In the event of a resignation or other vacancy on the Advisory Council, the Council shall appoint a new member by simple vote of the majority, to complete the term for the vacant position
 5. A member of the Advisory Council may be removed by the Advisory Council if:
 - a. He or she no longer qualifies, for some reason, to be a member of the Advisory Council or
 - b. The Council member misses two (2) consecutive meetings. In the event that a Council member is not able to attend a meeting, the member is required to notify the Chair, giving the reason. Council members may appoint representatives to attend meetings in their place. This person must agree to be a permanent representative in order to insure consistency.
 - c. In the event that a Council member misses two (2) consecutive meetings and is not represented at the meeting, the Chair will send said member a letter citing the governing procedures and asking for a response. If there is no response or satisfactory explanation, per the Council, the member may be removed by a simple vote of the majority.
 6. Resignation by any member must be in writing and submitted to the Chair and copy to the Faith Community Coordinator.

III. OFFICERS

- A. The **Chairperson** of the Advisory Council shall be a representative of the faith-serving community elected by a simple majority vote of Council members. The term of the chairperson shall be one year, renewal for one additional year by a simple majority vote of the Council. Election shall be held during the last meeting

of the year in December with the exception of the year in which the Projects begins. The duties of the Chairperson shall be to:

1. Chair all meetings of the Advisory Council and oversee all Council activities
 2. Act as liaison between the Advisory Council and the Project staff and the County Behavioral Health Division.
- B. The **Vice-chairperson** shall likewise be a representative of the faith-serving community elected by a simple majority vote of Council members. The term of office of the vice-chairperson shall be one year, renewal for one additional year by a simple majority vote of the Council. The duties of the vice-chairperson shall be to assume the role and duties of the chairperson in the event that the chairperson is unable to function in that role and provide support to the Chair in carrying out Council activities.
- C. The **Secretary** shall likewise be a representative of the faith-serving community elected by a simple majority vote of Council members. The term of office of the vice-chairperson shall be one year, renewal for one additional year by a simple majority vote of the Council. The duties of the Secretary shall be to preserve on file all communications and reports and prepare required notice of all meetings as indicated by these procedures; record and sign Council meetings minutes; maintain a directory of Council members, including name, business and home address, business and home telephone or other numbers and position; and update as indicated by vote and preserve these Governing Procedures.

IV. COMMITTEES

- A. The Council shall be aided in its operation by sub-committees and that shall be established on an as needed basis. There shall be no more than three (3) committees at any time. Members of these committees shall consist of between three and five Advisory Council members. The Council may also appoint two to three other individuals with expertise in the identified area. Sub-committee selection shall take place at a standing meeting of the Council.
- B. Committees shall perform all tasks as assigned by the Advisory Council and shall report all results to the Chair, Council, and Family Community Coordinator.

V. FUNCTIONS AND RESPONSIBILITIES

The Advisory Council shall make its recommendations to Wiser Choice Project through the Faith Community Coordinator.

VI. MEETINGS

A. MEETING RULES:

1. A quorum shall be constituted by a simple majority of the Advisory Council membership.
2. In the absence of the Chairperson, the Vice-chair presides at the meeting.
3. The Advisory Council Chairperson and the Faith Community Coordinator will be responsible for handling emergency matters requiring immediate Advisory Council attention prior to the next scheduled meeting. The Faith Community Coordinator shall support all committee activities and preview proposed agenda items.
4. Council members will receive a schedule of meeting for the year at the December meeting, time and location will be decided by the Council at the preceding meeting.

B. MEETING SCHEDULE

1. The Advisory Council shall meet bi-monthly in February, April, June, August, October, and December. Additional meetings may be necessary to transact business and will be called by the Faith Community Coordinator on behalf of the Chair.
2. At each meeting, the Advisory Council will schedule the time and place of the next regular meeting.
3. Special meetings shall be called as needed.
4. Advisory Council members shall indicate their ability to attend each scheduled meeting. In the event a quorum would not be present, the Chairperson shall notify the Council for purposes of canceling or rescheduling the meeting.

C. MEETING PROCEDURES

1. All meetings shall be conducted in accordance with Robert's Rules of Order, Revised Edition.
2. Proposed agenda items shall be presented to Advisory Council members at the scheduled meeting. Additional items may be placed on the agenda, if approved by a majority vote, at the beginning of each meeting.

3. Support materials for agenda items shall be in written form and distributed to Advisory Council members along with the agenda prior to the meeting whenever possible.
4. All votes shall be by simple majority, an indication of in favor or opposed to the said item. Election of officers shall be in the same manner and presented individually.
5. The minutes of each meeting shall be distributed to the Advisory Council member within fourteen (14) working days after the meeting.

D. CHANGES TO OPERATIONAL PROCEDURES

Changes to these Governing Procedures may be made upon approval by a simple majority vote of the members present at the Advisory Council meeting following the meeting at which the changes were introduced.

3. Plan of Action Containing Assumptions and Timeline

WISER CHOICE PROJECT

Wisconsin Supports Everyone's Recovery Choice

Faith-Serving Community Involvement Action Plan

Presented by Rev. Shawn Green-Smith
Faith Partnership Network

Program Overview: The Wiser Choice Project will expand capacity and significantly enhance Milwaukee's current voucher system for people who seek assistance for substance use disorders. Collaborations with the community will lead to a greatly expanded choice of providers for clinical and recovery support services and the ability to monitor the system for effectiveness.

The Wiser Choice Project recognizes the significant roles the faith community fulfills for individuals and families who pursue the recovery process:

- As providers of standard and/or faith-focused clinical, recovery and support services
- As a significant part of participants' natural or formal support system
- As volunteers, either congregations and/or individuals within congregations
- As resource broker between the project administration, identified providers, congregations, faith-serving organizations and parishioners

Involvement of the Faith-Serving Committee: Milwaukee County has partnered with MICAH (Milwaukee Inner-City Congregations Allied for Hope) to facilitate the identification of a core group of faith and related leaders who will serve on the proposed Wiser Choice Faith Community Advisory Committee (FCAC). The proposed responsibilities of this Committee shall be:

- To appoint two representatives to serve as members of the Wiser CHOICE Executive Committee attend quarterly meetings, and fulfill Committee responsibilities). To provide advice to the Wiser CHOICE Executive Committee and Milwaukee County Wiser CHOICE Project Administrator on all aspects of project planning and implementation
- To participate in the recruitment and selection of the Faith Community Coordinator
- To work collaboratively with the Coordinator to identify and conduct outreach to faith-based providers to invite their participation in the Wiser CHOICE program
- To work collaboratively with the Coordinator to assess and articulate the technical assistance/training needs of identified prospective providers
- To participate in the development of standards for Wiser CHOICE faith-based providers
- To work collaboratively with the Coordinator to educate congregation members regarding the availability of Wiser CHOICE services and cultivate mechanisms by which they can help individuals access these services

- To work collaboratively with the Coordinator to organize interested Milwaukee-area congregations to develop natural supports (e.g. mentors), recruit employers to offer jobs to Wiser CHOICE participants, locate housing, etc.
- Other activities as agreed to jointly by the FCAC and the Executive Committee.

Proposed Plan of Action: This plan is designed to provide initial guidelines and tools to assist Wiser Choice Project administration and the faith-serving community with cultivating and maintaining partnerships that lead to successful programs, outcomes and people. These guidelines will be adapted with lessons learned to further strengthen the developing partnership and will remain open to include additional partners as the project moves forward.

Preliminary conversations between these two entities suggest the necessity to draw attention to some assumptions that include:

Acknowledgement of Assumptions (*this section attempts to capture the dynamics of the Sept. 8th meeting conversation*)

- While project administration articulated in the proposal the specific roles it desires the faith-serving community to fulfill it is now, post-award, facilitating opportunities for this community to respond and become a partner in their developing role
- There is a local lack of precedence in developing and implementing successful contractual and relational partnerships between government and unconventional faith-serving program entities
- The partnership therefore necessitates that involved parties openly and earnestly embrace the “learning curve” necessary to accomplish successful contractual and relational partnerships between Milwaukee County and area faith-serving program entities
- Initial emphasis to identify potential faith partners should target existing “faith-serving” entities, meaning congregations and faith-based organizations that currently engaged in outreach and/or service(s) that is synonymous with the project’s focus
- This partnership development process will produce many assets, one of which is tension/adversity and participating partners often flee when faced with this challenging, but productive tool (this is what is required of those we serve)
- One of the major challenges of both initial partners, likely rest in an acute unfamiliarity of one another’s operational procedures and lack of knowledge of commonalities and difference
- Exploration of commonalities will support and strengthen the partnership rather quickly while exploration of differences may produce tension/adversity, that once overcome, produces greater, more sustaining strength
- The County has been forthcoming about the potential challenges of working within its bureaucratic processes; both the County and faith-serving representatives must earnestly approach the learning curve of processes, often resembling bureaucracy, that operates within and among faith communities

Action Steps: The Wiser Choice Program, administered by Milwaukee County, will engage faith-serving entities as (1) **contractual program providers** and/or (2) **relational volunteers, and resources brokers** to better identify and provide specified recovery and supportive services to vulnerable individuals and families. Specifically the program will:

PROVIDERS (CONTRACTUAL)	VOLUNTEERS (RELATIONAL)
PA will produce a list of all service areas covered or supported by the grant	PA will produce a list of all service areas covered or supported by the grant
This list will be compared with the compiled list from current partners, to identify matches to service areas	This list will be compared with the compiled list from current partners, to identify matches to service areas
Identified orgs. will be invited to attend 1 of 2 (daytime and evening) informational sessions to learn more about the program and potential provider roles and involvement (these correspond w/ vol. sessions)	Identified orgs. will be invited to attend 1 of 2 (daytime and evening) informational sessions to learn more about the potential supportive roles and involvement roles; orgs. will also have option to have someone visit their org./church (these correspond w/ provider sessions)
In preparation for these sessions, PA and ACP will develop an outline of required provider standards and competencies, eligibility, RFP and reporting requirements	In preparation for these sessions, PA and ACP will prepare outlines of specific roles, duration, levels of commitment and methods of engagement (some standards may apply to certain areas of service)
In addition, PA/ACP will develop a questionnaire/form on which attendees will record their area(s) of interest, competencies and shortfalls	In addition, PA/ACP will develop a questionnaire/form on which attendees will record their area(s) of specific interest
This information will be used by PA/ACP to identify providers that are either “ready to apply,” “need TA,” or “ineligible”	PA/Coord. will work one-on-one with interested orgs. to establish a referral or exchange process conducive with their operational methods
<p>“Ready” orgs. will be given RFP specifics and invited to attend the general RFP TA session (<i>was this part of the planning?</i>)</p> <p>“Need TA” orgs will be contacted individually to further assess their interest, commitment and specific TA needs; appropriate TA will be provided to identified orgs.</p> <p>“Ineligible” orgs. will be invited to become a volunteer partner and further develop their skills/experience in this area</p>	<p><i>Consideration: the local federal mentorship initiative grantee) and refugee resettlement program have been challenged to engage city congregations, who are more likely to encounter those in need of service, in strictly volunteer roles. We may need to explore more mutually beneficial roles for this sector.</i></p>

PA = program administration

ACP = Advisory Committee Partners

County-Related Timeline for Inclusion of New Providers (Including Faith-Based)

<u>Activity</u>	<u>Estimated Time Frame</u>
New Provider identification/outreach	Now through Nov. 30
Make any needed revisions to provider standards to accommodate faith-based providers	Now through Oct. 15
Issue RFP for new providers	Oct. 15
Technical assistance for new providers	Now through Nov. 30
RFPs due	Nov. 30*
Voucher agreements signed	January
Systems orientation/training for new providers	January
First Service vouchers issued for new providers	Feb. 1

* It's possible we may be able to extend this deadline

4. Nomination Notice

WISER CHOICE PROJECT

Wisconsin Supports Everyone's Recovery Choice

NOTICE OF NOMINATION FOR THE Wiser CHOICE PROJECT FAITH-BASED ADVISORY COMMITTEE

Background: Earlier this year, the Office of Governor Jim Doyle learned of and applied for a federal grant to support existing planning to re-structure Milwaukee County's programs for those seeking addiction recovery services. A Faith Community Planning Forum began meeting in April of this year to help shape the role of faith-based providers and volunteers. It was determined that a Faith-Based Advisory Committee would be established to provide consistent input and advice not only for purposes of implementing the three-year grant, but as a permanent, integrated component of the County's substance abuse services delivery system. The grant was awarded in August and the Planning Forum is now seeking nominees to serve one or two-year terms as members of the Faith-Based Advisory Council. (*See expanded Project Summary, below*)

Advisory Council Responsibilities:

1. To appoint two representatives to serve as members of the Wiser CHOICE Executive Committee, attend quarterly meetings, and fulfill Committee responsibilities.
2. To provide advice to the Wiser CHOICE Executive Committee and Milwaukee County Wiser CHOICE Project Administrator on all aspects of project planning and implementation on the bases of regular reporting and dialogue with the Administrator.
3. To participate in the recruitment and selection of the Faith Community Coordinator.
4. To work collaboratively with the Coordinator to identify and conduct outreach to faith-based providers and to invite their participation in the Wiser CHOICE program.
5. To work collaboratively with the Coordinator to assess and articulate the technical assistance/training needs of identified prospective providers.
6. To participate in the development of standards for Wiser CHOICE faith-based providers.
7. To work collaboratively with the Coordinator to educate congregation members regarding the availability of Wiser CHOICE services and cultivate mechanisms by which they can help individuals access these services.
8. To work collaboratively with the Coordinator to organize interested Milwaukee-area congregations to develop natural supports (e.g. mentors), recruit employers to offer jobs to Wiser CHOICE participants, locate housing, etc.
9. Other activities as agreed to jointly by the FCAC and the Executive Committee.

Qualifications for Nominees:

Nominees should be:

1. a) Faith leaders whose congregation or faith-based organization provide substance abuse treatment and/or some type of recovery support services for the community

OR

b) Faith leaders who demonstrate a strong interest in addiction recovery and related issues

OR

c) Spouses, parents or guardians of persons with addiction issues that are affiliated with a congregation or faith-based organization

2. Able to commit to attend meetings and participate in Council activities
3. Possess a strong sense of group dynamics and teamwork

Nominee Information and Submission: Nominees are asked to notify the Project Coordinator of their interest in serving as a Council member no later than **November 10, 2004**. Notification can be made via phone, email, fax or mail.

Nominees are also asked to provide a brief description of their background and/or qualifications as outlined above. Submissions may be either in writing (one-page maximum) and/or by brief verbal presentation at the November 17th meeting of the Planning Forum. Written submissions are due by **November 10, 2004**. If you would like to make a verbal presentation you should inform the Project Coordinator, also by **November 10, 2004**.

Notice of Interest and one-page Written Nominee Background/Qualifications Statement (not required) should be sent to:

Contact Name
Title
Organization
Address
Phone Number
Fax Number
Email

Submission by email is preferred but not required.

Attachment: Election of Faith Community Advisory Council Members

Election of Faith Community Advisory Council Members:

Verbal presentations and election of Council members will take place on **Wednesday, November 17, from 12:30-2:00 in the MICAH office building in The Milwaukee Enterprise Center, 2821 N. 4th St., Room 300.**

Project Summary:

The Wisconsin Supports Everyone's Recovery Choice program (Wiser Choice) will expand capacity and significantly enhance Milwaukee's current voucher system for people with substance use disorders. Collaborations with the community will lead to a greatly expanded choice of providers for clinical and recovery support services and the ability to monitor the system for effectiveness.

Wisconsin will serve people from 1) the general population, with a special emphasis on 2) families with children, and 3) a criminal justice population: a) inmates that are reentering the Milwaukee community from prison and b) offenders on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation. Wiser Choice will improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee Central Intake System to improve initial engagement, access and treatment retention.
- The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of a broader provider network (including a focused outreach to the faith-based community.)
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven results-oriented management system to monitor and improve outcomes.
- Rewarding results by implementing an innovative system of provider incentives.
- The enhancement of its existing voucher system Management Information System so that the bulk of performance and financial indicators and measures will be reported on and maintained electronically. This will enhance accountability of both the provider and the system.

The first phase of programs will be operational by December 2004.

5. Sample Agenda of Faith Community Planning Meeting

WISER CHOICE PROJECT

Wisconsin Supports Everyone's Recovery Choice

FAITH COMMUNITY LEADERSHIP MEETING

AGENDA

- 1. Welcome, Prayer and Introductions:** (12:30-12:35)
- 2. Report on SAMHSA TA Meeting – Revised Numbers of Individuals to be Served**
(12:35-12:50)
- 3. Discussion and Vote on Draft Wiser Choice Faith Community Council By Laws**
(12:50-1:20)
- 4. Process for Selecting Council Members** (1:20-1:40)
- 5. Update on Faith Community Coordinator Position** (1:40-1:45)
- 6. Progress on Implementation of Action Plan** (1:45-1:55)
 - Updating list of Providers/Services
 - List of Congregations
 - Next Steps (RFP; Schedule Meeting)
- 7. Next Meeting**
- 8. Closing Prayer**

6. Compassion Capital Partner

WISER CHOICE PROJECT

Wisconsin Supports Everyone's Recovery Choice
(an Access to Recovery Program)

RECOMMENDATIONS FOR COMPASSION CAPITAL INITIATIVE
TO EXPAND THE INVOLVEMENT OF
FAITH AND COMMUNITY PROVIDERS

INFORMATIONAL SESSION FOR POTENTIAL NEW PROVIDERS (CCI, FPN & OTHERS)

- Held January 27, 2005
- 50+ **faith and community-based organizations attended**

CO-HOST THE FOLLOWING SESSIONS

THE APPLICATION PROCESS

Completing the RFP (Request for Proposal): a walk through the application and requirements

- Conducted by: Milwaukee County staff and a current faith/community provider
- (2) Sessions: AM and PM
- Resources needed: providers fee, location (if not otherwise available), presentation equipment, copies of RFP (provided by the county) and pens

READINESS TRAINING

Overview of the Fee-For-Service Payment Process: Emphasis on Milwaukee County's Voucher Program

- ❖ Technological capacity and reporting requirements
- ❖ Fiscal capacity and reporting requirements
- ❖ Programmatic capacity and reporting requirements
- Conducted by: Milwaukee County staff and a current faith/community provider
- (2) Sessions: AM and PM
- Resources needed: providers fee, location (if not donated), presentation equipment, copies of RFP (provided by the county) and pens

Each session will include a full overview of the Wiser Choice Project and the role and members of the Project's Faith Community Advisory Committee. These two sessions may follow one another as a single presentation, be separate or a combination of the two.

MENTORING

Make available a pool of 4-5 faith providers that are currently utilizing the County's voucher program, to mentor those who are entering or desiring to expand their skills

- Resources needed: providers fee

STATE LICENSE/CERTIFICATION for Providers and their Sites

Provide training session to faith-based organizations on the state licensing/certification process for providers and their sites.

7. Community Liaison Position Description

WISER CHOICE PROJECT

Wisconsin Supports Everyone's Recovery Choice

JOB DESCRIPTION

**WISer CHOICE COMMUNITY COORDINATOR:
OFFICE OF THE GOVERNOR**

Description of Duties and Responsibilities

Governor's Liaison to the WISer Choice Program

- Act as the primary Governor's Office contact with Milwaukee agencies.
- Serve as the Governor's program representative in the Milwaukee community.
- Keep the Governor informed about the progress of the program and provide feedback and direction from the Governor to the WISer Choice Executive Committee.
- Chair meetings of the WISer Choice Executive Committee in the absence of the Project Director.
- Convene meetings, on the Governor's behalf, among state agencies and other public and private community entities to develop intersystem business and resource identification/allocation processes for the WISer Choice program.
- Work collaboratively as a member of the Milwaukee County Behavioral Health Division WISer Choice implementation team to assure effective operation of the project.

Faith Community Coordination

- Provide staff support for the Faith Community Advisory Committee (FCAC)
- Assist the FCAC to inform the faith community about the WISer Choice program.
- Set up meetings, provide agendas and minutes for the FCAC.
- Assist the FCAC's efforts to provide identification of, outreach to and recruitment of faith-based clinical treatment and recovery support providers for the WISer Choice project.
- Assess and coordinate the addressing of the technical assistance/training needs of identified prospective providers

- Work with the FCAC to educate congregation members regarding the availability of Wiser CHOICE services and cultivate mechanisms by which they can help individuals access these services.
- Assist the FCAC's efforts to organize Milwaukee's congregation memberships to provide natural supports (e.g., mentors, job opportunities, housing, and transportation) for Wiser Choice clients.
- Assist in the development of standards for faith-based providers.

Community Resource Coordination

- Coordinate identification and development of no/low-cost services, volunteer, natural support, financial and other community resources supportive of recovery to integrate with Wiser Choice resources.

Qualifications for Position

- Bachelor's degree required, preferably in human service area.

Supervisory Relationships

- Supervised administratively by Project Directors (DHFS Liaison/Governor's Office Madison and the Associate Administrator, Division of Disability & Elder Services, Wisconsin Department of Health and Family Services,
- Supervised on a day-to-day basis by the Director, Adult Community Services Branch, Milwaukee County Behavioral Health Division.

Skills and Knowledge Required

- Ability to develop and sustain relationships with community leaders utilizing a team approach to goal attainment.
- Sensitivity to the contribution of faith-based treatment and recovery values.
- Knowledge of Milwaukee's faith-based community, particularly the faith-based provider community.
- Knowledge of and ability to access community resources.
- Knowledge of substance abuse treatment preferred.
- *Ability to effectively communicate clearly and concisely in both oral and written form.*
- Demonstrated ability to work with persons from diverse cultures and culturally diverse groups.

- Ability to manage numerous tasks concurrently. Attention to detail.
- Skill in problem solving and strong organizational skills.

Prior Experience Required

- Three or more years experience, professional or volunteer, working with the faith community.

Personal Qualities

- Ability to adjust to dynamic situations.
- Ability to lead and gain the trust and cooperation of diverse team membership.
- Ability to work with persons from diverse cultures and faiths.

Amount of Travel and any Other Special Conditions or Requirements

- *Travel will be primarily local with some state (primarily Madison). National travel to attend CSAT grantee's meetings may also be required.*
- Must have a valid driver's license, reliable vehicle and proof of insurance.

Salary Range

- \$40,000 - \$55,000/yr., full-time.

Hours

- 40 hours per week.

8. Examples of Clinical Treatment and Recovery Support Services to Share with Potential Providers

Clinical treatment services are provided by individuals who are licensed, certified, or otherwise credentialed to provide clinical treatment services in the State, often in settings that address specific treatment needs.

Recovery support services are typically provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery.

Such services can include:

- Screening/assessment
- Brief intervention
- Treatment planning
- Detoxification
- Medical care
- Substance abuse education
- Individual counseling
- Group counseling
- Residential services
- Pharmacological interventions
- Co-occurring treatment services
- Family/marital counseling
- Family services, including marriage education, and parenting and child development services
- Pre-employment counseling
- Case management
- Relapse prevention
- Continuing care (including face-to-face and telephone-based continuing care counseling)
- Alcohol/drug testing
- Outreach
- Individual services coordination, providing linkages with other services (legal services, TANF, social services, food stamps, etc.)
- Recovery coaching (including stage-appropriate recovery education, assistance in recovery management, telephone monitoring, etc.)
- Family support and child care
- Transportation to and from treatment, recovery support activities, employment, etc.
- Supportive transitional drug-free housing services
- Self-help and support groups, such as 12-step groups, SMART Recovery, Women for Sobriety, etc.
- Spiritual support
- Employment coaching

9. Training Plan

WISER CHOICE PROJECT

Wisconsin Supports Everyone's Recovery Choice

Recovery Support Services – New Provider Training Schedule

Draft

	Location	Dates/Times	Topic	Trainer
	Behavioral Health Division/SAIL 9201 Watertown Plank Road, Room ###	Date: (time)	<p>A Comprehensive Overview of Wiser Choice</p> <p>Who is the Wiser Choice population:</p> <ul style="list-style-type: none"> • General Population • Criminal Justice Population <p><u>General Population Process:</u> (Brief Overview)</p> <p><u>Central Intake Units</u></p> <ul style="list-style-type: none"> • Overview • Level of Care Recommendation • Initial SCCP • Service Authorization Request (SAR) <p><u>Recovery Support Coordinators</u></p> <ul style="list-style-type: none"> • RSCs at care coordinators 	

	Location	Dates/Times	Topic	Trainer
			<ul style="list-style-type: none"> • Client Choice • Provider network (PT) • Provider network (RSC) • Directory <p><u>Criminal Justice Population</u></p> <ul style="list-style-type: none"> • Reach-in process • Re-entry population: Female/Male Enhanced Female Project • 'Alternatives to Revocation' • Pre-trial <p><u>Overview of Client Privacy and Confidentiality</u> HIPAA, CFR 42</p>	
	Behavioral Health Division/SAIL 9201 Watertown Plank Road, Room ###	Date: ### (time)	Overview of Faith Based Providers <ul style="list-style-type: none"> • The federal Faith-based initiative • Wlser Choice faith-based components 	
	Behavioral Health Division/SAIL 9201 Watertown Plank Road, Room ###	Date: ### (time)	Contract Review Session <ul style="list-style-type: none"> • A walk through the contract • Assurance/certifications • 	

	Location	Dates/Times	Topic	Trainer
			Corresponding Topics <ul style="list-style-type: none"> • Insurance • 	
	Behavioral Health Division/SAIL 9201 Watertown Plank Road, Room ###	Date: ### (time)	RSS Reporting Requirements <ul style="list-style-type: none"> • Fiscal • Programmatic • Technological Options 	

Training site:

- The training will be held at the Milwaukee County Behavioral Health Division SAIL office, 9201 Watertown Plank Road, in Room ###
- For directions or other information please call the SAIL/AODA Contract Management Unit at (414) 257-8095.
- Parking restrictions will be lifted for the training dates.

Appendix G: Discussion Points on Potential Tension/Conflict When Developing System/Faith Partnerships

(shared at one of the facilitated discussions)

**Discussion Points on Addressing
Potential Tension/Conflict
In Developing System/Faith Partnerships**

While project administration articulated in the proposal the specific roles it desires the faith-serving community to fulfill, now post-award the funded Systems and prospective Faith providers must negotiate the particulars of the partnership. Consider the following talking points:

- There is a local lack of precedence in developing and implementing successful contractual and relational partnerships between government and unconventional faith-serving program entities
- The partnership therefore necessitates that involved parties openly and earnestly embrace the “learning curve” necessary to accomplish successful contractual and relational partnerships between Milwaukee County and area faith-serving program entities
- Initial emphasis to identify potential faith partners should target existing “faith-serving” entities, meaning congregations and faith-based organizations that currently engaged in outreach and/or service(s) that is synonymous with the project’s focus
- This partnership development process will produce many assets, one of which is tension/adversity and participating partners often flee when faced with this challenging, but productive tool (this is what is required of those we serve)
- One of the major challenges of both initial partners, likely rest in an acute unfamiliarity of one another’s operational procedures and lack of knowledge of commonalities and difference
- Exploration of commonalities will support and strengthen the partnership rather quickly while exploration of differences may produce tension/adversity, that once overcome, produces greater, more sustaining strength
- The County has been forthcoming about the potential challenges of working within its bureaucratic processes; both the County and faith-serving representatives must earnestly approach the learning curve of processes, often resembling bureaucracy, the operates within and among faith communities

Appendix H: PowerPoint Presentation of WI-ATR Faith Provider Inclusion

Overview of the Faith-Based Initiative and Faith Providers

Shawn Green-Smith
Community Liaison
ATR/Milwaukee Wiser Choice Program

Why Faith-Based

- Allow faith-based organizations to compete equitably with other providers
 - Allow participants to access genuine “consumer choice”
 - Strengthen local provider capacity and service offerings
 - Enhance outcomes of providers and participants
-

How Faith-Based

- Charitable Choice Legislation
 - Welfare Reform Legislation
 - Federal Equal Treatment Guidelines
 - (2) Presidential Executive Orders
 - Barring exclusion
 - Creation of faith-based offices within federal agencies
-

ATR/Milwaukee Wiser Choice Faith-Based Outreach

- WI Office of the Governor (grantee) made a commitment to US-HSS-SAMSHA (granter) to adhere to grant guidelines regarding inclusion of faith-based organizations
 - Established an Executive Committee
 - Established a Faith Community Advisory Council (FCAC)
-

What is a Faith-Based Organization under ATR/Milwaukee Wiser Choice Program

- A religious congregation (church, mosque, synagogue, or temple); or
- An organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); or
- A nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution; or
- A collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.

. . . here's what we said we'd do

"Wiser Choice will improve outcomes of service delivery through:

- *The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.*
- *Identification and development of a broader provider network (including a focused outreach to the faith-based community.)*
- *Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation. (we could use your help here, utilize www.faithservingmilwaukee.org)*
- *The fostering of genuine, free and independent choice by making available "Provider Profiles" that include "Provider Score Cards."*

. . . continued

Eligibility Criteria for Provider Organizations

Recovery Support Services

- Faith-Based Organizations - the State/County will similarly collaborate with faith-based organizations to incorporate requirements which they believe are necessary, and to make sure that current provider standards do not inadvertently discriminate against or otherwise serve as barriers to participation by interested faith-based entities.

. . . continue

Enabling New Providers to Participate

- **Faith-Based Providers** - Wiser Choice will in no way discriminate against faith-based organizations on the basis of religious character or affiliation that otherwise satisfy program requirements. On the contrary, the Wiser Choice partners recognize that faith-based organizations have historically played a critical role in helping Milwaukee residents recover from substance abuse. The Wiser Choice team envisions the ATR program as an opportunity for faith-based organizations to be integrated formally into the community-wide continuum of care, and will take active steps to accomplish this goal.

... continued

(Client) Choice

- Ability to Choose a Provider for Whom there is No Religious Objection - While the inclusion of faith-based providers is critical to the development of a community-based system of care, **it is important that clients feel comfortable with their providers**. At intake, a client will be given both a written statement and verbal assurance of their right to be comfortable with the religious orientation of a provider they choose. Provider Profiles will clearly indicate if a provider is faith-based and if so, if it has a specific religious affiliation.

Types of Faith-Based Organizations

- **Large** – historic, well-known, established
(operating budget in excess of \$300,000 annually)
- **Mid-size** – historic, well-known, established or not
(operating budget in excess of \$500,000 annually)
- **Grassroots** – may be established, more likely newer and rarely known
(operating budget less than \$300,000 annually)

Establishing Partnerships with Faith Network Provider

Keep in mind that . . .

- This process may be new for both the system and faith organizations
 - FBOs operating culture is likely different from that of the systems
 - FBOs are generally very people driven
 - We're all learning, so please be patient
-

I'm Here to Help

As Community Liaison for ATR/Milwaukee
Wiser Choice,

my primary emphasis is to ensure the successful
inclusion of faith providers and expand the relationship between all partners

Shawn Green-Smith

(414)263-8481 Provider Resource Center

2947 N. Martin Luther King Drive

(414)257-6921 County

greens1@dhfs.state.wi.us

shawngreen@wi.rr.com

Appendix I: PowerPoint Presentation: Communicating the Vision Others Will Follow

(shared at one of the facilitated discussions)



COMMUNICATING THE VISION

- ◆ WORDS, PICTURES, DEEDS TRIGGER THE SAME IMAGE IN THE MIND OF THE RECEIVER AS THE COMMUNICATOR
- ◆ ACHIEVE ALIGNMENT

ONGOING COMMUNICATION

- ◆ SUPPLIERS
- ◆ INVESTORS
- ◆ NEW EMPLOYEES
- ◆ CITY LEADERS



KEY
ELEMENTS
IN
EFFECTIVE
COMMUNICATION
OF
VISION

SIMPLICITY

- ◆ All jargon and technobabble must be eliminated



METAPHOR, ANALOGY, EXAMPLE

- ◆ A VERBAL
PICTURE IS WORTH
A THOUSAND
WORDS

MULTIPLE FORUMS

- ◆ Big and small meetings
- ◆ Memos
- ◆ Newspapers
- ◆ Formal and informal
interactions



MULTISENSORY EDUCATION

- ◆ AUDITORY LEARNERS
- ◆ VISUAL LEARNERS
- ◆ KINESTHETIC LEARNERS

REPETITION

- ◆ IDEAS SINK IN DEEPLY ONLY AFTER THEY HAVE BEEN HEARD MANY TIMES
- ◆ NEEDS TO BE SAID BY CEO, MIDDLE MANAGEMENT, SHOP FLOOR FOREMAN
- ◆ HOOK PHRASE REPEATED OVER AND OVER



LEADERSHIP BY EXAMPLE

- ◆ BEHAVIOR FROM IMPORTANT PEOPLE THAT IS INCONSISTENT WITH THE VISION OVERWHELMS OTHER FORMS OF COMMUNICATION

EXPLANATION OF SEEMING INCONSISTENCIES

- ◆ UNADDRESSED INCONSISTENCIES UNDERMINE THE CREDIBILITY OF ALL COMMUNICATION
- ◆ GIVE REASONS FOR WHY THE CHANGE MUST TAKE PLACE
- ◆ BUY-IN



GIVE AND TAKE

- ◆ TWO WAY DIALOGUE IS ALWAYS MOREPOWERFUL THAN ONE WAY COMMUNICATION
- ◆ OPENS THE DOOR FOR EXCHANGE OF IDEAS ABOUT THE VISION
- ◆ PARTICIPANTS CAN COMFORTABLY ASK QUESTIONS
- ◆ CAN ALSO EXPOSE WEAKNESSES

ACTION ORIENTED

- ◆ ACTION VERBS MOTIVATE PEOPLE TO PUT THE VISION INTO PRACTICE
- ◆ DYNAMIC AND MEMORABLE



STIMULATE EMOTIONS

- ◆ PAINT A PORTRAIT OF WHAT LIFE WILL BE LIKE IF THE VISION IS FULFILLED
- ◆ HOW WILL IT EFFECT ME?
- ◆ PERSONAL OUTCOMES

EMPOWER

- ◆ PEOPLE LIKE TO FEEL IMPORTANT
- ◆ RATHER PARTICIPATE IN CHANGE
- ◆ GIVES DEGREE OF CONTROL
- ◆ ASK FOR OTHER PEOPLE'S HELP
- ◆ PROVIDE RESOURCES FOR THEM TO BE EFFECTIVE AND FOLLOW YOUR LEAD

Appendix J: “Show Me Recovery” Logic Model

(shared at one of the facilitated discussions)

SHOW ME RECOVERY LOGIC MODEL

WHAT SHOW ME RECOVERY WANTS TO SUSTAIN		HOW SHOW ME RECOVERY WILL MEASURE OUR PROGRESS
<p>Vision and Desired Results: To prevent relapse and promote sustained long-term recovery from alcohol and drug use disorders</p> <p>Conditions and Causes: Barriers to sustained recovery and relapse prevention:</p> <ul style="list-style-type: none"> • Limitations of existing treatment models • Disconnection of treatment from the more enduring process of addiction recovery • Focus on pathology and treatment paradigms rather than a recovery paradigm • Focus on acute care rather than models of sustained recovery management 		<p>Indicators Participants have not relapsed and have sustained long-term recovery</p> <ul style="list-style-type: none"> • Abstinence • Employment • Criminal Justice Involvement • Permanent Housing • Positive Social Connections • Increase Access to Recovery Support Services • Retention in Show Me Recovery
<p>Strategies:</p> <ul style="list-style-type: none"> • Outreach, Identification, Recruitment • Training • Peer Group Cluster Building, Leadership Development and Peer to Peer Learning Clusters • Recovery Support Services Resource Data Base Development including referral to Access to Recovery, Treatment and Recovery Support Services Providers • Peer to Peer Network Development 		<p>Performance Measures <i>Measure of Effort:</i></p> <p>How many:</p> <ul style="list-style-type: none"> • peers are identified and recruited • peers will participate in training and leadership development • peers will serve as peer facilitators and leaders • Peer Group Learning Clusters will be created • people will access Recovery Support Services • individuals will be referred to resources • assessments will be conducted for members of the recovery community • individuals will be referred to Access to Recovery, Recovery Support Services Providers • members of the recovery community will connect to recovery organizations and recovery meetings • members of the recovery community will self-identify and serve as peer sponsors
<p>Activities:</p> <ul style="list-style-type: none"> • Provide information about Show Me Recovery’s goals and objectives • Identify 250 members of the Recovery Community who would be appropriate candidates for inclusion in the Peer to Peer Recovery Support Program • Recruit these individuals to participate in Show Me Recovery and to ultimately serve as peer leaders • Provide regional conferences • Provide an annual conference in conjunction with the A.V. Annual Conference • Provide training on recovery topics • Identify, among the 250 peers, groups created through geographic connections • Provide orientation meetings for group clusters to introduce members and provide them with program overview • Provide guidance to Peer Groups • Provide Peer Groups with leadership development • Develop specific Learning Clusters • Development of a statewide data base of Recovery Support Services Providers • Referral to resources and connection to services at closest geographic location • Utilization of assessment tool • Access to treatment 		<p>Measures of Effect: <i>Changes:</i></p> <ul style="list-style-type: none"> • that have resulted from the enhancement of knowledge about recovery through trainings and conferences • that have resulted from Peer Group Learning Clusters and the Peer to Peer utilization of the Net Training Institute materials • in capabilities of peers in the areas of leadership skills, coaching, mentoring, sponsorship, and facilitation • in quality of recovery so that individuals experience sustained recovery and relapse is prevented • changes in the conditions of the lives of the peers so that there is an increase in stability in such things as

<ul style="list-style-type: none">• Encourage participation of peers in recovery in recovery organizations• Develop clusters of “Old Timers” with years of experience in AA or NA to facilitate group discussions and capture it on DVD to distribute to the Peer Group Learning Clusters		employment, housing, positive social connections, access to recovery and other services and a decrease in such areas as involvement with the criminal justice system
--	--	--

Appendix K: “Managing Transition” by William Bridges

(shared at one of the facilitated discussions)



MANAGING TRANSITIONS

by William Bridges

It isn't the changes that do you in, it's the transitions. They aren't the same thing.

Change is situational: the move to a new site, the retirement of the founder, the reorganization of the roles on the team, the revisions to the pension plan. **Transition**, on the other hand, is **psychological**; it is a **three-phase process** that people go through as they internalize and come to terms with the details of the new situation that the change brings about.

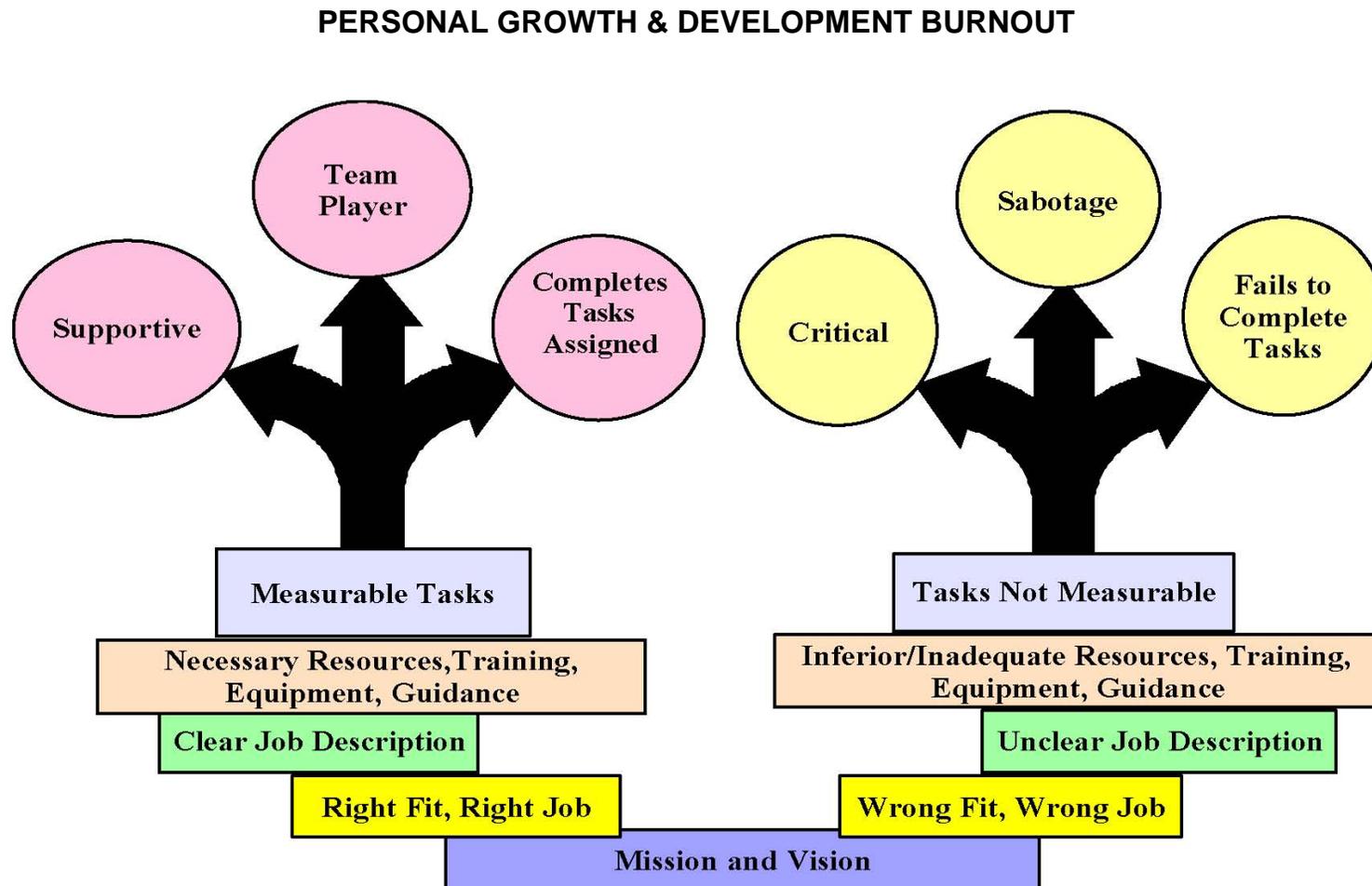
Phase One : Letting go of the old ways and the old identity people had. This first phase of transition is an ending, and the time when you need to help people to deal with their losses.

Phase Two : Going through an in-between time when the old is gone but the new isn't fully operational. We call this time the "neutral zone": it's when the critical psychological realignments and repatternings take place.

Phase Three: Coming out of the transition and making a new beginning. This is when people develop the new identity, experience the new energy, and discover the new sense of purpose that makes the change begin to work.

Appendix L: Employee Performance Pathway

(shared at one of the facilitated discussions)



Pfefferkorn, 2006

EMPLOYEE PERFORMANCE PATHWAY

Appendix M: National Alliance in Faith Brochure

(shared at one of the facilitated discussions)



NATIONAL ALLIANCE OF FAITH-BASED ORGANIZATIONS (NAOFBO)

Dear Faith Based Recovery Support Provider:

On February 14, 2006 at the Mayflower Hotel in Washington, D.C., an amazing event took place. Seventeen individual organizations from eleven states voted to come together as the National Alliance of Faith Based Organizations (NAOFBO) in order to establish a voice for those who provide Recovery Support Services. This Alliance was the direct result of the Access to Recovery grantee meeting held in Washington in January which FBOs were invited to attend.

**President Jerry Ivery, Sr. Word of Life COGIC Urban Family Counseling Ministries 2200
Lamar Avenue Memphis, TN 38114 901-795-9204 901-276-1817 fax
jlivery@ufmcdc.org**

**Secretary Jane Pfefferkorn 573-481-0505
missionmo1@sbcglobal.net**

Membership fee is \$100 but will not be considered as Charter Membership.

Please notify President Jerry Ivery or Secretary Jane Pfefferkorn of your desire to become a Charter Member of the National Alliance of Faith-Based Organizations either by email or to the address above.

Membership fees may be mailed to the above address and will be deposited by Treasurer Linda Leathers in a NAOFBO account. Fees will be used to cover start up costs of incorporation, tax-exempt status, and website development.

Please do not let the membership fee be a barrier. Contact President Ivery to relay your particular situation. NAOFBO welcomes all faith-based organizations who desire to become a voice for Recovery Support Providers.