

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

**Report on Technical Assistance to South Carolina**

May 2004

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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Center for Substance Abuse Treatment  
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**Consultation between Beverly Haberle, Jean LaCour and the  
State of South Carolina  
Written Report- May 2004**

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**Introduction (Purpose of TA)**

The State of South Carolina (the State) requested assistance with 1) Methodology of recruiting faith-based and non-traditional providers, and 2) Ways to overcome obstacles and expand opportunities with faith-based and non-traditional providers. Under Task Order with the Center for Substance Abuse Treatment (CSAT), Johnson, Bassin & Shaw, Inc. (JBS) contacted Beverly Haberle and Jean LaCour to assist the State.

**Methodology**

The consultation included an introductory telephone call to clarify the unique needs of the State regarding faith-based providers. This call lasted approximately one half hour and set the context for a teleconference.

The teleconference, which took place on May 24, 2004, lasted approximately one hour. Beverly Haberle and Jean LaCour participated with the following individuals from South Carolina: George McConnell, Director of Constituent Services; George Crosland, Management Consultant; Frankie Long, Treatment Consultant; and Harry Prim, Management Consultant/FaithWorks Coordinator. (For the background and experience of the two consultants, see the last section of this report.)

**Content of TA Discussion**

*Issue #1: Is there a specific method required for outreach to faith-based organizations?*

The consultants explained that this is an opportunity to create a model for outreach that the State thinks will work for their local area.

*Issue #2: The State explained that South Carolina is divided into counties that then respond to regions and further to catchment areas.*

A way to begin recruiting faith-based and non-traditional providers is to look at what is happening currently. Who is providing services? Are any faith-based providers

involved? Explore with current providers what services are currently being provided, and currently non-reimbursable, that would qualify as recovery support services. The State noted that it has licensed clinical treatment services that are faith-based and sees an opportunity to use them as a foundation for the faith-based component.

*Issue #3: The State has already hosted focus groups to get faith-based organizations interested and have identified their target population. As a result, the question of conflict between church and State was identified.*

One way to help faith-based and non-traditional providers understand this voucher program is to emphasize that control of the voucher money is going to the client. The client is the person that makes the decisions and brings the voucher to the faith-based or non-traditional provider. The government is not directly supporting faith-based services. The client will have the right to choose faith-based options and support.

*Issue #4: How important is quick reimbursement of vouchers for non-traditional and faith-based providers?*

This is an important element, and the State could support the process by providing technical support for tracking and accessing a reimbursement vehicle. Discussions also centered on the possibility of providing pre-programmed data collection instruments and reimbursement forms that are user friendly.

*Issue #5: How can the State attain its goal to expand the involvement of faith-based providers in Clinical Treatment and Recovery Support Services?*

Important areas to consider are:

1. The need for community-based services to buy into the expanded continuum of care.
2. The critical role that client choice will play and how the system will address client choice of services (client choice is not required by the RFA for assessment).
3. Developing service plans that identify choice options.

Recommendations:

1. Provide faith-based workshops on the basics of substance abuse using the language of faith as well as the role of faith and spirituality in recovery.
2. Give practical guidance to the faith community in dealing with negative characteristics sometimes associated with addiction, i.e., criminal or manipulative behaviors.
3. Provide training to get providers 'on the team'.
4. Present the message that the State wants to provide support to the faith community to enable the faith community's success in this opportunity, i.e., how can we help?

*Issue #6: How can the State build upon extant relationships developed through their prevention efforts with the faith-based community?*

The State can use these existing relationships with faith-based efforts to:

1. Identify needs of faith-based recovery support providers
2. Foster relationships to increase understanding between traditional providers and faith-based providers

### **Recommendations**

The State can use already existing linkages as a springboard for expansion by hosting more focus groups so that each catchment area is represented. The State should also recognize that faith-based providers are concerned that involvement in providing services may lead to dilution of faith; encouraging dialogue in this area will provide a way of addressing these concerns. Lastly, traditional clinical treatment providers may have concerns that including the faith-based community may dilute the standards established for clinical care. Dialogue may also be encouraged in this area to foster better understanding between the two systems.

### **Outcomes**

The State will look at developing user-friendly materials for data collection and voucher reimbursement and will attempt to build on relationships already in existence through the use of focus groups. The State will also encourage training to support inclusion of faith-based and community-based services.

## **Background of Consultants for the South Carolina Teleconference**

***Beverly Haberle , MHS, C.A.C:*** Ms. Haberle has been the Executive Director of the Bucks County Council on Alcoholism and Drug Dependence, Inc, a non-profit education, intervention advocacy association for twenty–five years. She also has served for the past 6 years as the project director for the Pennsylvania Recovery Organization/ Achieving Community Together (PRO-ACT), a grass roots organization providing peer-to-peer recovery support services. Ms. Haberle holds a Master’s degree in Human Services from Lincoln University, is a Certified Addictions Counselor as well as a Certified Employee Assistance Professional. Ms. Haberle has been a past member of the Board of Directors for the National Council on Alcoholism and Drug Dependence, Inc. and currently a member of the National Board’s Public Policy Committee, President of the Bucks County Service Provider’s Association and co-founder of the Mentoring Institute. She has been involved in advocating on behalf of those addicted to alcohol and other drugs as well as their families and the community at large for over 25 years. She is Chairperson of the National Intervention Network - a program of the National Council on Alcoholism and Drug Dependence. In addition, Ms. Haberle has been an instructor at Penn State University since 1991, as well as a part-time faculty member at Bucks County Community College, Newtown, Pennsylvania.

***Jean LaCour, Ph.D., CAPP:*** Dr. LaCour is president and cofounder of the NET Training Institute, Inc., a school for Counseling and Addiction Studies in Orlando, Florida. The NET Institute is a recognized training provider for three IC&RC boards, Florida, Georgia, and the World Federation of Therapeutic Communities, and nationally for NAADAC, The Association for Addiction Professionals. Founded in 1996, as a nonprofit corporation, the Institute has trained over one thousand students who desire to serve the wounded, the addicted, the marginalized and the poor. The Institute provides both Christ centered and faith based professional level training in addiction, prevention, counseling, and recovery support services. The Institute offers live instruction, home studies courses, and contracts with organizations desiring to improve recovery support services in their own communities. Dr. Robert R. Perkinson (*Chemical Dependency: A Practical Guide*, Sage Pub.) and Dr. LaCour have coauthored a complete faith based addiction certificate counselor training with video & support materials (available early 2005).

Internationally Dr. LaCour has trained in a dozen nations including Egypt, Pakistan and India. She serves with leaders from seven other nations on the Leadership Council of ISAAC, the International Substance Abuse and Addiction Coalition based in England. Nationally she serves as a member of the steering committee for SAMHSA’s “Partners For Recovery” initiative. In 2004, her expertise in faith based substance abuse organizations led to her invitation to be on the faculty of panelists in four states for CSAT’s Pre-Application Technical Assistance meetings for “Access to Recovery” voucher program. Regionally she is on the Southern Coast ATTC workgroup charged with developing effective collaboration between faith based and secular clinical based treatment organizations. The workgroup’s briefing paper is one of the first in the nation

to provide practical tools and guidelines for effective partnerships in the substance abuse field.

In Orlando, Dr. LaCour is co-chair of the Faith Committee of the Orange County Coalition for a Drug Free Community. She co-hosts an annual faith based recovery conference that draws national speakers and dozens of faith based recovery support ministries. Ordained to ministry in 1994, she received the Arno Award for Outstanding Contribution to pastoral counseling by the NCCA. In 1999, she was recognized by Florida's NAADAC as Professional of the Year for her pioneering work in promoting faith based addiction training, including professional counselor certification and program development for recovery ministries.