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Development of Program Outcomes for Alcohol and Drug Abuse Rehabilitation Programs Contracted by Brown County

Dale Vogel

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**Development of Program Outcomes for Alcohol and
Drug Abuse Rehabilitation Programs
Contracted by Brown County**

**by
Dale Vogel**

**A Thesis
submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Management
Cardinal Stritch College
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ABSTRACT**DEVELOPMENT OF PROGRAM OUTCOMES FOR ALCOHOL AND DRUG
ABUSE REHABILITATION PROGRAMS CONTRACTED BY BROWN
COUNTY**

Dale Vogel

Brown County Department of Social Services has moved toward the purchase of service model of service delivery over the past few years. The management staff of Brown County was dissatisfied with the existing method of program evaluation in this form of service delivery. Analysis of that system of providing treatment services revealed that it lacked a clearly defined process by which to evaluate the success or nonsuccess of treatment contracts. Further discussion revealed a possible approach to the management problem would entail formulating a set of performance standards. As trends suggest there is an increasing cost of service delivery as well as an increasing number of adolescents requiring Alcohol and Drug Abuse rehabilitation services which warranted a pilot project in this area of treatment. The goal of the research design was to formulate a set of performance standards in this field of service delivery based upon the data available. A thorough review of the literature and a study of the objectives currently being used in the field of AODA rehabilitation program evaluation provided the format for the establishment of performance outcomes. It was anticipated that this process would assist in the formation of performance standards that would be applied to the purchase of service agreement.

The management team assisted in establishing the format of the research design. The research design called for the use of a survey instrument to gather descriptive data pertaining to performance standards used by AODA treatment providers. The data obtained was ordinal in nature and provides a basis for further analysis and establishment of a mean for each performance outcome identified. The establishment of a set of performance outcomes and a quantified range of expected levels of success for each outcome provides an avenue to apply these standards to AODA treatment contracts for the fiscal year 1990.

In conclusion, analysis of the problem based upon a review of the literature assisted Brown County's management team in formatting a solution to the problem by answering the questions: On what basis are current treatment programs be evaluated? How should future contracts be awarded? To fulfill this management function, the researcher found that the research instrument was a valuable tool in establishing a sufficient data base upon which a set of acceptable performance standards could be formulated. Applying this set of standards to the purchase of service agreement addresses the issue of sufficient monitoring of treatment delivery under the purchase of service model and creates a basis upon which future contract decisions can be formulated.

The input of the service providers and management team members was felt to be a significant factor in the success of the research design. Future program evaluation by Brown County will be based upon this project's format of establishing performance standards. Continuous monitoring efforts by management of the success of treatment programming for adolescents and other target groups will improve the purchase of service delivery model .

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CHAPTER 1

Introduction

Purpose

This research project designed a set of performance standards to be applied by Brown County Department of Social Services in the purchasing of treatment services for its adolescent drug and alcohol recovery population. It is anticipated that this new set of performance standards incorporated into the purchase of service contract will be a much more acceptable method for evaluating and dispersing contracts. The establishment of a set of acceptable performance standards will assist in altering the current method of evaluating existing purchase of service contracts for the Alcohol and Other Drug Abuse (referred hereafter as AODA) adolescent population. Implementation of this method of evaluating existing and future contracts will be utilized by the administration with the support of the Brown County Social Services Board beginning with the fiscal year 1990.

Problem

Initially the problem was defined by a review of the 1988-89 fiscal budget for the Brown County Department of Social Services, addressing specifically the area of residential placements by the Specialized Alternate Care Unit. A review of the past budgets for the previous three years indicated a continued growth in the number and cost of residential placements regarding adolescents in need of drug and alcohol recovery programming (Budget 1987). An analysis of the situation by the management team assisted in redefining the issue as a lack of an effective mechanism to determine the effectiveness of current treatment

programming by Brown County Department of Social Services in the treating of its adolescent population, specifically, in the treatment of its AODA population. The discussion surrounding the current methods for determining overall effectiveness of programs under contract by Brown County in the treatment of its adolescents lead to the conclusion that there were no qualified or quantified measurements currently in place that enabled the agency to determine whether or not a program was successful or unsuccessful. An awareness that appeared throughout this analysis was that there were no uniform expectations in this area of treatment other than those established by social workers assigned to the program. What also was found was that these expectations differed considerably from one social worker to another as well as from one program to another. There simply were no uniform guidelines in the treatment of this population. The reasons for awarding contracts were diverse in nature. The current methods for awarding contracts appeared to be based upon the general feelings toward that specific program as a result of conversations with the assigned social worker or workers. At other times contracts were being awarded based upon the lowest bid and availability of the services to the immediate community. Finally it became apparent that contracts were being awarded on the basis of past contractual relationships. However, it was not necessary that the previous contract be in the specific area of treatment to that of the contract that was being awarded. There appeared to be no existing relationship between the awarding of contracts and performance of that provider in that specific area of treatment. The outcome of the analysis is that in order to establish a set of acceptable performance standards that would be equitable, not only to the clients, Brown County, and the current service providers, that mutually agreed standards would have to be

established prior to including them as part of the purchase of service agreement. Eventually, future contract decisions would be based upon the provider's ability to demonstrate a comparable rate of success in meeting the agreed set of performance standards.

The importance of being able to establish the effectiveness of individual programming is crucial. It is important not only in terms of the appropriate use of monies available, but also in regard to the quality of care and treatment being provided to this specific population.

In the area of AODA recovery programming, those services are currently mandated by state and federal legislation. The existing juvenile court within Brown County views placement of children in recovery programs as an alternative disposition in many delinquent and status offense cases. This shift in the treatment of adolescents reflects a state wide trend in the juvenile justice system.

The focus of this research project is to develop performance standards to help determine the effectiveness of alcohol and other drug rehabilitation programs utilized by Brown County under their purchase of service agreements. This relates to the larger issue of establishing a procedure for the future evaluation of other treatment target populations. This particular approach emphasizes the establishment of acceptable standards reached on the bases of sound data and provides for the monitoring mechanisms necessary for future purchase of service contracting decisions.

The recent movement by public agencies toward the purchase of service process is relatively new. The problems that are now associated with the purchase of service contracting method have only recently become more evident. The increasingly popular approach to privatize government service delivery through the movement to a model of purchase of services from

non-profit and profit enterprises is not without its long term cost. This approach has within itself some intrinsic value. Issues associated with this approach present new challenges for public service managers. The problems defined within the literature appear to affect both the quality of the specific treatment provided to adolescents and the child and youth service field.

Robert Martin, M.B.A. , in his article entitled "Purchase of Service Contracting" makes the following statement. "Establishing practice standards for agencies and programs, including an effective monitoring and enforcement system, is one way in which some of the potential pitfalls of the purchase of service model can be addressed" (Martin 1988). The statement by Martin certainly conceptualizes the process which the Brown County Department of Social Services chooses to utilize in dealing with the issues surrounding the purchase of service problem. Brown County's management team choose defining what are those acceptable performance standards in the area of adolescent drug and alcohol rehabilitation.

Delimitations

This project was carried out by Dale Vogel, a member of the Specialized Alternate Care Unit, of the Brown County Department of Social Services. This is a position in which a major portion of the responsibility regarding the purchase of service contracts for alcohol and other drug rehabilitation determination lies. There are a total of twenty-five resources utilized in evaluating and setting the performance standards. These throughout the entire state of Wisconsin. Other zed Alternate Care Unit with special expertise in the ts provided input in the development of a set of standards. Each of the members has similar

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responsibilities in determining the overall effectiveness of specific programs currently under contract with Brown County in the treatment of adolescents. The subjects of this project survey were twenty five alcohol and other drug recovery programs located throughout the state of Wisconsin, two of which are currently hold purchase of service contracts with the Brown County Department of Social Services. Two other programs obtained purchase of service contracts over the past two years in providing service to this target population.

The present method for evaluating the programs under contract to the department is rather abstract, at best, and no clearly formulated guidelines are currently in place. The research information was obtained from a literature review, the specialized alternate care staff, and the current service providers throughout the state, particularly those under contract to our department. Consultation with AODA specialists assisted in the research project. The research project was conducted between July 1, 1988, and May 1, 1989. The study was done at the Brown County Department of Social Services, 111 N. Jefferson Street, Green Bay, Wisconsin. 54301.

Theoretical Framework

William R. Benedict and Dennis A. Bruce , authors of A Social Systems Program Evaluation in Management Approach For Human Service Organizations, outlined a ten step program evaluation process better known as Eval-U-Treat Program Evaluation. This approach sets up a method to establish acceptable performance outcomes. That method has been adapted, at least in part, by constructing a procedural format similar to that outlined by Eval-U-Treat. The framework used within this research project reflects this social system's approach.

Eval-U-Treat was developed by William Benedict for Lutheran Social Services in 1972 as a formal clinical and program outcome evaluation procedure. Its structure originated from the work of Drs. Kiresuk and Sherman's goal attainment scaling methodology. This procedure is designed to structure and document the most significant program process and outcome. In this project, the primary focus is addressing the establishment of a set of acceptable performance standards for drug and alcohol recovery programs currently under contract to the Brown County Department of Social Services. This procedure calls for linking the Goal Attainment Scaling procedure as adapted for this research project to the current human services purchase of service contract. Establishing formal evaluation measures into the purchase of service contract, the service provider, and the purchaser, in this case Brown County Department of Social Services, accepts the responsibility for determining how the program's year end performance results in specific areas would be viewed in terms of future contracting.

The cooperation of the agency's management team was necessary for completion of the project. It was also necessary to engage the support and cooperation of other AODA recovery program providers located throughout the state in order to establish a range (expressed as a percent) for each specific performance outcome area. Essentially, existing service providers currently under contract to the Department of Social Services in this specific target area were utilized both in terms of consultation, field testing the survey, and negotiating a set of performance standards to be used in future contracting. The agency's director was strongly supportive of this approach, along with the deputy director. Their support helped overcome the initial reluctance of service providers. This support was conveyed in cover letter form that accompanied the survey. It was expected that this project would

need to be completed by May 1, 1989. May 1st is the date in which information for future coordinated planning and budget must be established. This is the major planning document for Social Services.

The Specialized Alternate Care Unit consists of five members including a supervisor whose primary responsibility is to monitor special purchase of service contracting with private service providers. The supervisor's expertise was useful, not only in this specific treatment area for adolescents, but also in looking at this issue from a broader perspective. The project was designed with this broader application in mind.(e.g application of evaluating treatment services of the developmental disabled)

The Specialized Alternate Care Unit meets formally once each month for a period of approximately two hours. Regularly scheduled meetings also occurred with the Specialized Alternate Care Supervisor and the Deputy Director. These consultations were utilized in preparation and formulation of the theoretical framework for this research project.

The Deputy Director, Specialized Alternate Care Supervisor, and the Director of Brown County Department of Social Services cooperated in completion of this project. This research project was felt to be well worth the investment of time and effort by the majority of Brown County's management team and many were enthusiastic participants in the process.

Research Design

Brown County Department of Social Services currently does not have in place an evaluation method to determine the successfulness or unsuccessfulness of contracts in the treatment of adolescence in the specific area of drug and alcohol recovery. Discussion of the problem by the management team revealed the most cost effective approach would entail formulating a set of performance standards by which to evaluate treatment

programs. The goal of the research design is to formulate a set of performance standards in this field of service delivery based upon the available collective data. A review of the current literature and a study of the objectives being used in the field of adolescent AODA rehabilitation program evaluation provided the format for the establishment of performance outcomes.

This research effort is a descriptive study of the population of the drug and alcohol rehabilitation programs in the state of Wisconsin. Based upon that data changes will occur in Brown County's method of evaluating existing treatment programming for its AODA adolescent population. This study utilizes a survey instrument to determine what are the specific areas (defined as performance outcome) that are used by rehabilitation programs in evaluating success. This survey provides a means in establishing a quantified range (expressed as a percent) in each of these specific program outcomes. The assumption is that the existing programs will provide data based upon their past performance, thus defining specific program standards of performance. Utilizing the adapted program evaluation process, Brown County will use these performance standards in establishing guidelines for future purchase of service contracting. For example, a program outcome would be: 95% of adolescents remain chemically free during their recovery program. A review of the literature used in establishing specific program outcomes suggests that ~~this~~ variable traditionally is regarded as crucial when establishing a performance standard for AODA recovery programs. In this specific survey, program outcomes that were emphasized by the literature are defined by asking the program to express, as a percent, their rate of success. The programs were asked to indicate any other program outcomes that their facility used in determining the overall effectiveness.

The survey utilized in the research project also defined in question form those components of program content that are regarded as being directly related to program effectiveness; orientation and processing, teaching of self responsibility, AODA recovery skills, family involvement, establishing support networks, relapse education, and independent skill development. The data obtained will be ordinal in nature and provides a basis for further analysis. The data will assist in determining an average for the identified performance outcomes.

In summary, Brown County's management team sought to answer the questions. On what basis are current AODA treatment programs evaluated? How should future contracts in this area of service delivery be awarded? A survey instrument to establish a sufficient data base upon which to formulate performance standards is necessary. The application of these standards to the purchase of service contracts addresses the issue of sufficient monitoring of the treatment delivery model and creates a basis from which future contract decisions can be formulated.

Evaluation Design

The Brown County Department of Social Services is seeking a method to evaluate the effectiveness of treatment programs for adolescents under their current purchase of service contract system. Obtaining a sufficient data base from which a set of standards can be determined is the first step of the evaluation design. A set of standards will benefit management in establishing year end results for specific programs under contract. This ability to determine program effectiveness and the corresponding year end results will be used in awarding future purchase of service contracts in the area of AODA recovery treatment for adolescents.

The hypothesis is defined: the establishment of a set of mutually constructed performance standards in the specific areas of AODA recovery treatment for adolescents could be effectively utilized in determining future purchase of service agreements. The evaluation design facilitates the data base, establishes the related performance standards, and provides a means to apply those standards to the purchase of service delivery model.

Future treatment program evaluation by Brown County could be formulated based upon the project's format. Continuous monitoring efforts by management of the success of treatment programming for adolescents and other target groups will improve the purchase of service delivery model.

Measurement Technique

A survey was developed utilizing the review of the current literature. This survey was used to determine what the specific areas are (defined as program outcome) currently used by rehabilitation programs in evaluating success. Secondly, the survey was used to establish a quantified range, expressed as a percent, in each of the specific program outcomes defined by the literature. The data will allow for the subjective correlation of a program's specific rate of success and its program's content. The general data will provide a means of creating a resource index that will be comparable in nature. The assumption is that existing programs provide data based upon their past performance, thus defining specific program standards of performance. Brown County will utilize this set of performance standards in establishing guidelines for future purchase of service contracting in this specific area of AODA recovery programming. The field testing of the instrument increased the validity of the research design .

Data Analysis

This research effort is a descriptive study of the population of drug and alcohol rehabilitation programs in the state of Wisconsin. Data collected, expressed as a percent, for each performance outcome will be grouped and tabulated. The information will be shown in table form and the mean and median will be computed for each outcome.

New areas established within the survey results will be included if two or more programs utilize that method as a measuring tool. Based upon the distribution, a range will be established within each area, (e.g. 60-70% of all children remain chemically free during recovery.) The distribution will determine the level of acceptability within a range so that specific goal attainment levels can be established from least favorable outcome to most favorable outcome and the middle or mean be defined as expected level outcome of success.

A frequency distribution is used to organize, present, and analyze the numerical data. Graphic representations are used depicting comparable rates of success for specific programs. This composite representation is presented as comparable between responding programs. Ordinal level data is used to measure the differences between one outcome and another. The results establish a scale for each performance outcome based upon the data collected. A good rating is better than an average rating, etc. The concept of distances between the categories is shown schematically using a graph.

Specialized averages, such as the median are computed to describe the central value of the group of numerical data. This process is completed for each of the performance outcomes. The minimum and maximum response for seven of the eight questions is included in the statistical composite. The standard deviation and correlation coefficient will be indicated in the

composite data section. This data provides a data base from which to draw subjective correlations from comparable treatment programs. Statistical measures are used to describe how closely the data is clustered around the averages.

Data analyses of questions one through seven under subheading C in the survey are categorized into rates of recovery. These measurements are defined as: planned placement completion, retention of recovery, support services, and reduction of symptomatic behavior. Question one defines program screening, case planning and coordination processing. This question provides an indication of a program's ability to identify the recovery population and the program's coordination abilities with the purchaser.

Questions two, three (a) and three (b) address a program's success based upon the rate of sobriety. Traditional AODA rehabilitation programming defines rate of recovery during the program and at the three and six month intervals as the best indicators of program success. Comparables within and between programs will illustrate program differences at each interval. Programs falling way above average or way below the average will warrant closer observation to determine characteristics of program content that would account for the differences.

Survey questions four and five address the family reintegration and will validate the data accuracy. Percentage of children returned to their home and the percentage of children discharged to a less restrictive setting should total one-hundred percent. Cross referencing data with telephone contact is a validation procedure included in the format design. Assessment of comparables in rates of family reintegration between traditional twelve step programs and that of family systems based approaches will be indicated.

Question six assesses a program's ability to provide support services during the early stages of recovery and community reintegration. The literature suggests a strong correlation exists between the continuation of support services and continued recovery during the transition period.

Survey question seven will identify the comparable rate of success in effecting change in symptomatic behavior in the recovering adolescent. Correlations between rates of sobriety and changes in behavior can be established and illustrated. The literature outlines a comparable between changes in symptomatic behavior and an adolescent's success in maintaining recovery.

The final question in this section defines other measurements used by AODA treatment programs in defining success. The relationship between these means can be correlated with the information in the program content section. General program information will be utilized in the construction of a comparable resource index. Correlations that occur between program content and a program's outcome will be analyzed and presented based upon their individual strengths and validity. A final composite will be prepared with conclusions.

Instrument Material and Equipment

The general format of discussion used to define and analyze the existing problem was based on the reflective thinking model. The only instrument used and necessary in the completion of this project was the utilization of the survey to canvas the various service providers located throughout the state of Wisconsin. The cover letters utilized in the field test of the survey and in the final mailing proved beneficial. The composite results were tabulated and presented as part of the supporting data to

recommendations for future contracting. There was no other material or equipment necessary for the completion of the project.

The literature review is a review of published and unpublished works related to the process of formulating performance standards. The literature review revealed the significant ideas and models accepted in the field of evaluation. The information addresses critical points of the purchase of service process and explores alternatives to the problems this model of service delivery presents for a County agency. Specific ideas for management on instruments and approaches are examined in the literature review chapter.

CHAPTER 2

Literature Review

Introduction

"Numerous threats, real and perceived, to America's young preoccupy public thinking and are given widespread coverage by the media. The problems of drug and alcohol abuse rank very high on the list of national concerns, largely because of their impact on children" (Roper 1988). These statements are a result of a national study completed in November of 1988 by the Roper Organization, and helps illustrate the magnitude and seriousness of drug and alcohol abuse in this country. One of the greater issues facing this country is how our service agencies intend to provide the necessary care and treatment to this population. This issue is an issue confronting not only the federal, state, and local governments, but individual families as well. Public service agencies, such as the Brown County Department of Social Services, operate under mandates of both the federal and state legislation to provide services to its adolescent population. The trend of county departments, who operate under such mandates, is to provide treatment to the adolescent population through the purchase of service process. The issue then becomes establishing an effective performance tool to evaluate the effectiveness of current programming in the treating of its adolescent population and more specifically, treating the drug and alcohol adolescent population.

The issue of national drug education was well documented in "The Presidential Promises", which appeared in US News and World Report in the November 7, 1988, edition. Bush "supports 'just say no' programs, urges

schools receiving federal funds to develop anti-drug programs, supports federal grants for treatment of addicts" (Whitman 1988) Details provided by the article, assist in illustrating the movement caused by the drug and alcohol crisis in America. The fears of American people are now being supported by data gathered through various polls completed on this subject. This emphasis has filtered down to the county level and illustrates the direction federal and state governments are moving in providing services. Until recently, the financial support to providing services simply did not exist to this magnitude. "A total of \$504.2 million was spent for services provided by counties in the community aids, youth aids, and community options programs, in the calendar year 1987" (Comments 1988). Expenditures by the state of Wisconsin to provide services at a county level are reflective of the movement. Wisconsin spent \$54.7 million dollars to provide alcohol and other drug abuse services to 64,300 adolescents in 1987 (Comments 1988).

Increasingly, county service departments and service providers are aware that the amount of money spent in providing services to delinquent and status offenders is indirectly related to drug and alcohol abuse issues (Comments 1988). In November of 1987, a review of the existing children in residential placement by Brown County demonstrated that in excess of 90 percent of those children in placement had identified drug and alcohol issues (Readout 1988). The total amount in services is expressed as millions of dollars for both alcohol and drug abuse adolescent treatment and the treatment of delinquent or status offenders. The Task Force Report illustrates that in excess of \$123 million was spent during the 1987 fiscal year in providing those services on a county level throughout the state of Wisconsin (Comments 1988). Recognizing the trend and relationship between

drug and alcohol abuse within individuals and their families, a new disposition was recommended by the Juvenile Task Force. The Task Force recommended that children adjudicated delinquent or children found to be in need of protection or services and diagnosed dependent on alcohol and other drugs could be placed in an approved secure in-patient facility for up to sixty days (Comments 1988).

As the literature suggests, the trend on the national level has trickled down to counties in terms of dollars and support. A reflection of this concept is shown by the fact that Brown County's Specialized Alternate Care Unit's collective budget for these out of the home treatment services for 1987 was \$1,362,478 with an average of 60 being served each month (Report 1987). What is not reflected in those figures is the cost of services provided under the 51.42 Board through the Mental Health System. These figures do not include private pay or insurance pay for providing these services to the adolescent population of Brown County. What is alarming is that there does not exist a composite figure for the total dollar amount spent on the treatment of this population.

Maybe of even greater concern from a managerial position is that there is no coordination of those services. Whether these services are paid through private pay or through commitments under the 51.42 Board of the state of Wisconsin or paid through county funding as part of its collective budget is not the point. The point is Brown County is spending vast amounts of monies without a mechanism to coordinate the services or ensure that the expenditures are achieving the desired objective (the treatment of its AODA population). The one area in which there is coordination of services is in the placement of adolescents who have

completed the inpatient phase of treatment and require recovery programming that includes alternative placement.

The Specialized Alternate Care Unit places and supervises Brown County children in out of the county group homes for specialized treatment needs such as AODA aftercare and developmental disabilities (Report 1987). Accounting for tax dollars of this magnitude is the responsibility of each social worker. Ensuring that those tax dollars are spent wisely and that its adolescent populations are receiving the quality care become one in the same. Without a set of clearly established guidelines governing the quality of services being provided, we run the risk of providing inadequate and ineffectual treatment .

In 1987, The Heinz Consultants completed a survey for the Wisconsin Association of Family and Children agencies. The purpose of the survey was to identify trends in Wisconsin by County Departments of Social Services. The survey identifies several major trends and addressed issues pertaining to the purchase of services among the County Departments. A brief review of those trends that are significant for this context are:

1. Counties are seeking alternative placements to residential treatment or are seeking more continuum of care models to hold down costs.
2. Counties are purchasing all residential treatment care.
3. Counties are most frequently purchasing out of the home services from agencies in their own communities and adjacent communities.
4. Counties are selecting programs for clients on the basis of program results and how those programs accomplish case management goals (Heinz 1987).

Each of these identified trends illustrates that the counties will be increasing the purchase of service for treatment foster care and home based

services. This appears to be especially true among counties with major concentrations of population (Heinz 1987).

A preliminary conflict exists. The report suggests that counties are selecting programs for their clients based upon program results. In checking Brown County's purchase of services contracts, there are no formulated guidelines for assessing the overall effectiveness of the treatment programs (Heinz 1987). The Heinz Consultants do not define what those guidelines are in terms of purchasing services. The study does indicate that the primary criteria used in determining the appropriate placement of a child appears to be arbitrary. As stated in the summary portion of the Heinz study, a review of responses identifying important program selection criteria reveals additional support for the trend toward more home based services. Overall, program results are viewed as the most important factor in program selection (Heinz 1987). Existing contracts, specifically those defining AODA recovery and after care services for the treatment of adolescents in Brown County, suggest that there is no existing performance standards established to determine the overall effectiveness of the programs currently under purchase of service contracts (Review 1988).

In summary, not only has the magnitude of the problem on a national level been illustrated, but also it has been shown how this problem is related in dollars and cents on a county level. There appears to be other issues existing as a result of the current confusion on how much is spent on these services and who is responsible for the coordination of those services. A welcome relief is the fact that the county's Specialized Alternate Care Unit is coordinating the services in the area of continued recovery programming. What remains in question is that the department has no mechanism to evaluate the success of programming. The trends by county departments in

providing services to its adolescent population has been documented through the studies including the Heinz study of 1987. The facts are that county agencies provide treatment to its drug and alcohol adolescent population through the purchase of service method either from profit or non-profit vendors. The trend continues to be that counties are budgeting larger amounts of money to programs they perceive as effective and producing results. The question is by what criteria are programs being evaluated and contracts awarded?

The Wisconsin Youth Alcohol and Other Drug Abuse Task Force report dated August 5, 1988, outlines the need and direction in Wisconsin in the treatment of adolescents suffering from chemical dependency. The primary recommendation found in this report stresses the need for aftercare counseling, halfway houses, or long term treatment (Task Force 1988). The premise of that recommendation is illustrated in the finding that 91% of youth in typical in-patient programs relapse (Task Force 1988).

One other point found in the Task Force report needs to be stressed as part of this introduction. An ever increasing number of youth (195 a year) because of the complexity of their problems and inability to obtain appropriate AODA treatment earlier, have entered juvenile correctional institutions (Task Force 1988). Informal recommendations made by the Task Force are that the State Department of Health and Social Services should implement three two-year adolescent AODA treatment/aftercare demonstration projects at various locations throughout the state whose goal will be to develop replicative long term treatment/aftercare models for dual diagnosed youth experiencing mental illness /chemical dependency, developmentally disabled/chemical dependency, eating disorders/chemical dependency, and other multiple problem adolescents (Task Force 1988).

The Task Force report suggests that each youth completing AODA treatment will be offered the opportunity for a transitional living service or another form of aftercare as deemed appropriate by the treatment program staff and the county identified case manager. In addition, funding increases shall be given to individual counties in order to provide additional transitional living programs and services. The funds suggested for this purpose were estimated to exceed two million dollars. The task force report gives a clear understanding to the direction to be taken by the state in the treatment of its adolescent population suffering from drug and alcohol addiction. The report supports the necessity of ensuring that effective performance standards be established at the county level when tax dollars are being spent in providing those services (Task Force 1988).

The contracting of such services given the dollar amounts involved is relevant and needs to be addressed. However, the real concern has to lie in protecting this states most valuable resource (its children). Because in reality we are literally talking about the lives of adolescents caught in this predicament.

The next segment of the literature review will be the identification of the relevant management issues . These issues will center around the purchase of service process. Specifically, in providing for the treatment of adolescents suffering from drug and alcohol addiction.

Relevant Management Issues

In his book, Practical Evaluation, Michael Quinn Patton probably states it best. "The practice of the evaluation involves the systematic collection of information about activities, characteristics, and outcomes of programs, personnel, and products for use by specific people to reduce uncertainty and prove effectiveness, and make decisions with regard to what those programs,

personnel, and products are doing and effecting (Patton 1982). The establishment of performance outcomes for any adolescent treatment is essentially to determine that program's overall effectiveness, as well as to monitor the quality of care. The purpose is to improve the program's effectiveness. Patton outlines in his book that the key to identifying effective outcome objectives for a specific program is to what extent are the desired client outcomes being attained (Patton 1978).

Concern for how specific decision makers will use evaluative information should be the driving force in the creation of an evaluation (Patton 1978). The points made by Patton suggest it is axiomatic in program development, planning management, and related fields that if you don't know where you want to get to, then you will have great difficulty figuring out how to get there and you won't know if or when you've arrived (Patton 1978). It is necessary to identify and monitor the quality of treatment. However, the issues of ensuring that this process occur falls within the constructs of a purchase of service agreement for county run agencies. The problems associated with the use of specific performance standards as a evaluative mechanism in the human services field is difficult to assess and relatively undocumented. The basic premise of Patton's book is that the driving force in an evaluation should be the concern for how the decision makers, information users, and stake holders will use the evaluation process and its findings (Patton 1981). Patton intended to evaluate the effectiveness of any evaluation by determining the extent to which the program is attaining its stated goals keeping in mind the client's needs as well as the needs of the decision makers, information users, and other stake holders in the process (Patton 1981).

The point of involving everyone in the program evaluation process is key to its success and implementation. This concept is widely used by other models of program evaluation such as Goal Attainment Scaling. Goal Attainment Scaling as a formal method in establishing performance standards will be addressed as part of this literature review. The use of an evaluative model by county service agencies is central to ensuring the monies being allocated are used to provide the most effective service. The issues associated with the current method (purchase of service contracting) used by county agencies is addressed in a provocative and thoughtful article by Robert Martin. This article challenges the reader to look seriously at the various sides of the service contracting question.

Service Contracts

The article is entitled "Purchase of Service Contracting" and outlines the issues and problems associated with the purchase of service contract approach. It suggests that the popular approach is to "privatize" the governmental service delivery through the movement of a model emphasizing the purchase of services from non-profit and profit enterprises. As the author suggests, this method may well cut costs to the government, however, it is often at the expense of children, adolescents, and families in need of service, and the child and youth care practitioners working with them. Without an effective system of establishing and monitoring standards of quality, the privatized model runs the risk of throwing the baby of commitment to the quality care out with the bath water of the more costly government operated direct service run programs (Martin 1988). Upon completing the literature search, only limited information was found which does not support the concepts presented by Martin.

Purchase of service contracting has become big business and now accounts for 91% of Brown County's current budget in the treatment of adolescents. In fact, all current AODA aftercare services are being provided under a purchase of service agreement (Review 1988). A shift to this model of providing services to special needs children and families is the result of a governmental decisions to shift support away from operating large residential institutions. Much of the rationale has usually includes the costly per diem rate for residential care. Not unlike other agencies, Brown County's cost in these purchase of service contracts warrants the shift away from more expensive residential placements. The contractors, both profit and non-profit, submit and negotiate bids for providing specific services. Brown County's service contracts identify cost and provides general information such as the length of contract. What they fail to establish is a criteria for determining how existing contracts will be measured or on what bases will future contracts be awarded. The present contract language fails specify care and treatment objectives (Review 1988). Unfortunately the plus side of the ledger sheet often seems to be the only one the government and local agencies wants to review. On the minus side, we see a growing number of reoccurring themes.

While not immediately apparent in the first few years after a shift to a purchase of service approach, there are warning signals for both government and the field. They include: a growing sense of administrative powerlessness within contracting organizations, increased importance of the administrative relationship and personal contacts, a shift from child care administrators to fiscal bottom liners, and unrealistic bidders winning contracts and folding (Martin 1988). Similar issues continue to plague our agency in maintaining purchase of service contracts. One that appears

continuous is the turnover of child and youth care counselors providing the direct service. Comments, both formally and informally, have included issues related to providing care at the cost of the contract. It appears that service quality has become a minor issue, particularly in the context of administrative salaries and the salaries of other staff in an attempt to hang onto the fiscal bottom line.

These issues are reflective of the problems identified by Martin in his article. Brown County also runs into issues where the personality and political connections of service providers influence future decisions concerning who is awarded contracts. Other problems that have come to the surface in Brown County appear to be the indirect cost to the field of AODA recovery. A result of the net decrease in the number of administrators with a child and youth care background and specifically AODA certification, is that quality direction has suffered as a result of fiscal bottom liners. This is illustrated, unfortunately, by the three main targets of profit and non-profit budgetary restraints: salaries, benefits, and training of the direct service providers. Consequently, the quality of service being provided suffers as a result of the turnover issue. This issue continues to pose major problems throughout the service industry and continues to affect the credibility of individual AODA programs. Contracting by Brown County does not specify training requirements for direct service personnel.

There appears to be a correlation between program stability and program effectiveness in the treatment of AODA adolescents (Conway 1988). "Establishing practice standards for agencies and programs including an effective monitoring and enforcement system is one way in which some of the potential pitfalls of the purchase of service model can be addressed (Martin 1988). As in the opinion of Martin, contractors will cut corners and

they'll take risks without specific standards of care and agency operations. The length of the arm in arm's length relationships can be very long, indeed (Martin 1988). The author implies that unless those specific standards and performance outcomes are established as part of the contractual agreement, it is very difficult for the purchaser to ensure that the quality of care and treatment is being provided. The established standards can be used to monitor quality of care and used to ensure consistency in policy interpretation during contractual negotiations (Martin 1988). Clearly specified staff-to-resident ratios, standardized monthly budget allocations per resident for necessities, evenly applied unit rates for specified services, minimum practice qualifications for workers and supervisors, and first option for incumbents to renew contracts before public tendering, are but a few of the areas in which local or state-wide standards can enhance equity and quality of service under the purchase of service contract framework (Martin 1988).

Unlike the medical field where minimum practice credentials are not an issue, effects of poor practice and training for child and youth care counselors can be no less damaging when the safety and quality of care afforded at-risk children is at stake (Martin 1988). Each of these problems becomes a relative management issue in providing care for the treatment of adolescents. Unlike the medical field which is well established in determining what are acceptable practice standards, these issues appear frequently in a field which is low pay in nature and has no monitoring mechanism or governing body. The information emphasizes the risk of providing quality care to children, and it is evident that steps need to be taken in addressing these issues.

The implications for purchase of service contracting as a service delivery model for child and youth care facilities operating with inadequate or non-existent standards of practice for workers and agencies pose serious problems for the field. In the worst case scenario, it contributes to the deprofessionalization of the field by driving down salaries, increasing turnover, and destabilizing programs attempting to establish acceptable service quality (Martin 1988). A management issue is that it outlines the dangers of the purchase of service method. With these issues associated with this method, it certainly defines a need to establish practice standards for agencies and programs including an effective monitoring and enforcement system. This is one way in which agencies can avoid the potential pitfalls of the purchase of service model.

Alternative Approach

The literature presented for analysis suggested there were numerous ways to approach these complex and varied problems. One possible solution was identified in an article entitled, "Using Computer Technology in Child Placement Decisions", by James Schwab, Jr., Michael E. Bruce, and Ruth G. McGillivray. The article appeared in the Social Casework Review, Vol. 67, number 6 in June, 1986. The alternatives suggested in this particular context towards correcting the problem suggested that the selection of residential facilities for children needing specific treatment is a very serious responsibility for service agencies. The issue then and now is the lack of clearly formulated guidelines for matching children with the appropriate treatment resources. A method in which agencies can utilize a number of different characteristics and descriptors of each child and/or family as a method of defining the most appropriate placement with the greatest probability for success (Schwab, Bruce, McRoy 1988). The difficulty that this

method creates in reality for county agencies is in the time spent and availability of the existing data. As an alternative, this approach assists in defining the complexity of the problem, and at the same time offers a possible long term solution. Part of that solution, however, is integrated with a larger and more complex issue, the accuracy of comparable data. The use of comparable data on institutional programs varies as a result of differing standards of care and statistical record keeping (Schwab, et al. 1988) Procedures reflected in this study address the issue of assuring quality care of children in treatment, and the key is the use and validity of the statistical data on the outcomes of specific treatment programs.

In light of the primary objective of this research project as an alternative model, this appears to be of value for future analysis. A primary step is to establish performance standards and to utilize data collected over a period of time to assess the overall program effectiveness. Achieving this, a county service department does not rely upon the data collection, or need to deal with the complexity of the various types of data collection techniques used by individual treatment facilities. Computer-based tools can be helpful to practitioners in making decisions about child placement. The system described is based on statistical modeling of residential programming for children. It illustrates the future.

Performance Standards

Trends towards the establishment of acceptable performance standards for alternate care was the focus of an evaluation completed by a consortium of seven counties in the state of Wisconsin. The purpose of this consortium was to establish a data collection base and to utilize this data in evaluating the successfulness or unsuccessfulness of different child care institutions utilized by the seven different counties. As part of their

evaluation, they also included other alternative treatment resources. Based upon the results of their survey, they were able to establish performance standards that are instrumental in determining the overall effectiveness of individual programs. Those performance standards are as follows:

- a. Percentage of youth placed leaving to go to a less restrictive setting
- b. Percentage of youth 16-18 who complete any formalized independent living skills training
- c. Percentage of youth attending school.
- d. Percentage of youth with no delinquency charges during placement
- e. Percentage of youth with planned terminations.
- f. Percentage of youth with no ordinance violations during placement.

The results of the study are relevant first by defining the criteria from which to evaluate the success or nonsuccess of an adolescent treatment program; second, it outlines the relevant data necessary to define the word success.

Attempts by the computer based approach to solving this issue of definition illustrates the need to gather further data over a broader spectrum of services and service programs. Involvement of our Department of Social Services as part of that consortium would certainly add to the strength and validity of the program; however, a project of this magnitude needs the coordination of all the county service agencies in order to establish the validity of the data. It is important to recognize that the computer-based approach then becomes a feasible alternative. The approach used by the consortium establishes a means of solving the issue of different data collection methods used by individual programs.

Eval-U-Treat was developed by Lutheran Social Services in 1972 as a formal clinical and program outcome evaluation procedure. This procedure is designed to structure and document the most significant program service processes and outcomes. It calls for the linking of Goal Attainment Scaling to the more familiar human service concept, the social service contract (Benedict and Bruce 1987). This process is completed by building formal evaluation measures into the purchase of service process where the provider and purchaser, accept mutual responsibility for determining how the program's year end success or performance will be evaluated (Bennet 1985). The procedure discussed here is the approach utilized by this research project in determining a set acceptable performance standards.

The goal attainment process as a monitoring mechanism provides a data base for evaluating contracts based upon the success of individuals in that specific treatment program (Eval-U-Treat 1972). The relevancy of the process itself, is that it establishes a mechanism whereby the issues surrounding the performance of any specific program contracted by Brown County can be monitored in reference to, not only the ongoing processes of the individual's treatment, but also by the year end results of that program's ability to meet those mutually agreed upon performance standards.

This literature covers a review of the work of Dr. Thomas Kiresuk because of his work in Goal Attainment Scaling methodology. Dr. Kiresuk's research was used in the development of Eval-U-Treat. Dr. Kiresuk's goal attainment methodology was probably best known and most widely used as an individual evaluation device to monitor clients' progress in treatment. This method's efficiency as a program evaluation procedure, has now been established by both William R. Benedict and Dennis Bruce by its use in Lutheran Social Services programs throughout the state of Wisconsin and

Upper Michigan. When these procedures are applied in a more collaborative fashion with the purchasing groups, these procedures are used to clarify mutual performance expectations between Lutheran Social Services and the funding/referring source representative (Eval-U-Treat 1972). Eval-U-Treat procedure identifies specific program standards or levels of expected performance. These levels need to be mutually agreed upon between Lutheran Social Services and the funding source representative. The parties involved also weigh or prioritize the scale objective if the objective is thought to be relatively more important than others. Similarly, the data collection instructions, reporting formats and forms are all open to negotiation (Eval-U-Treat 1972).

The ten step program evaluation process is significant in that it gives a step by step procedure used towards arriving at acceptable performance standards. This process is of value, at least in format, to a public agency in arriving at acceptable performance standards between itself and private service providers. The ten step evaluation process derives its structural framework from Drs. Kiresuk and Sherman's Goal Attainment Scaling (GAS) methodology 1968 (Eval-U-Treat 1972). Eval-U-Treat is a goal-oriented, direct practice quality assurance procedure designed to structure and document both the service process and outcome in such a way as to satisfy most case record auditing requirements. This procedure combines the agency's process, and makes the information produced readily available for both clinical and program decision-making (Eval-U-Treat 1972). It calls for linking the Goal Attainment Scaling procedure to a more familiar human services concept, the social services contract. By building formal evaluation measures into the purchase of service process, the service provider and the

purchaser accept mutual responsibility for determining how the program's year end success or performance would be viewed.

The goal attainment method establishes program success and overall performance of each program objective or measure. When used to evaluate a program's success or overall performance, each program objective or measure is described along a five-point continuum with the expected level of program success or standard always shown at the center (0) level of the scale. If the program objectives or measures are thought to be of varying importance, each of the scales may be assigned a relative importance weight. The scales five point values range from minus 2 to plus 2 and may be used individually or as composite figures for various cost effectiveness calculations (Eval-U-Treat 1972).

Although our agency is not specifically moving in the direction to establish a procedure similar to Eval-U-Treat in its complexity, it is moving towards establishing a program evaluation model that can determine the effectiveness of individual treatment objectives and year end program objectives as part of the purchase of service contract.

What is characteristic of proposed program outcome objectives as well as the program treatment process objectives is that they are established as a range of percent in the completion of specific program evaluation or program process objectives. (e.g. At least 75% to 85% will remain at home or in a less restrictive living arrangement for at least six months after discharge) (Eval-U-Treat 1972). This model is similar to the one used by the consortium participants in developing their program standards. This process establishes that the treatment being provided in the program will correlate with the program outcome results. (e.g. At least 90-95% of the residents will attend monthly family therapy sessions while in

treatment)(Eval-U-Treat 1972). The family treatment approach to dealing with adolescent dysfunction correlates with the program outcome by defining what percent of adolescents return to reside in their natural homes.

The Eval-U-Treat method utilized by Lutheran Social Services in establishing performance outcomes maintains a basic philosophical premise. That is, the Eval-U-Treat approach accents the client's right to self determination and thus seeks to ensure the client maximum participation in his or her treatment. This corresponds very closely to the family systems philosophy of Brown County Department of Social Services. Clients must take an active role in their own treatment process in order for it to be successful. The major assumptions on which Eval-U-Treat is based include:

1. When the client and the service provider can agree on mutual goals, the end result is more predictable and satisfying for both.
2. The client will progress better in treatment when he or she is clear about the outcomes desired.
3. The clients autonomy and dignity are enhanced when the service outcome goals are mutually shared.
4. The client will be better motivated and more committed to the treatment when mutually desired service outcomes are made explicit early in the service process.
5. Communication between the client, significant others, direct service providers and referring source (third party funder) will be mutually enhanced and more satisfying when direct service outcome goals are made known (Eval-U-Treat 1972).

What is essential about Goal Attainment Scaling as a process is that it establishes performance outcomes as well as on-going treatment objectives

and includes not only the funding resource, in this case the purchase of service contractor, but also the client in the treatment process.

Related Studies

The goal attainment method was defined in the three different studies, each establishing a set of performance outcome standards as a result of the use of the method. The first was a study of the adult out-patient program with the Hennepin County Mental Health Service. This program was called a redesign to note that it simulated the four years experience of clinical and research staff members who participated in the program evaluation project. The redesign utilizes Goal Attainment Scaling and undertakes evaluation of the overall program and the clinical case (Hennepin 1974). With respect to the overall evaluation of the program, development of the applied evaluation model began with a critical review of program purposes. A mission statement and program component goal statements were drafted. Lastly, objectives and sub-objectives were deduced from goal statements and specified in measurable terms. Goal Attainment Scaling was used to scale achievement levels for these objectives and sub-objectives. Using this method, goal attainment scores could be generated to reflect the level of attainment of each objective and sub-objective. A performance index is derived through aggregation of these goal attainment scores (Hennepin 1974).

Although the progress in the study is only to the date of the report, it consisted of model development and project installation. The objectives and sub-objectives related directly to the clinical services program components. The study was developed to assess the overall program effectiveness as well as establish an on-going program evaluation system. The major findings reported within the study were incomplete. However, it did identify the

process of goal attainment in achieving specific program outcome standards (Hennepin 1974).

The evaluation strategy that was conceptualized encompasses all of the program's activities. Using a systems analysis approach, the program components are treated as an integrated set of subsystems. In this case, direct service treatment plans. Information specifications require the use of both process and outcome variables. The direct clinical services component was selected for testing of the methodology. A goal statement was formulated, and both process and outcome objectives were derived from it. Evaluation criteria were stated in measurable terms for all objectives using the Goal Attainment Scaling method. The final finding of the study is that the use of the Goal Attainment Scaling score has been found to provide the program manager with a useful frame of reference which facilities use to analyze a program's performance (Hennepin 1974). The Hennepin study served two purposes. First, it established the use of Goal Attainment Scaling in a public service arrangement. It provides a procedure and establishes the use of Goal Attainment Scaling as a method in determining what the performance outcomes should be for a public service agency. Second, it defines and generates a format model for further evaluation of similar programs.

In November of 1987, Rock County Department of Social Services mailed a letter to all their child care institutions currently under purchase of service agreements. Although it was clear from the letter that these standards would not be tied to payment until 1988, the implication was that they would be tied to future purchase of service contract decisions. Rock County, over the previous three years, had been running an alternative care survey of children entering and leaving placement. The performance

standards outlined in that letter are derived from that study. The composite results were tabulated concerning all the children leaving alternate care. Rock County's total was compared to a statewide total. These comparables provided Rock County a data base from which they established a set of performance standards to be used in 1988. These standards are represented and expressed as a percentage range as follows: 50-70% of youth leaving to go to a less restrictive setting, 70-80% of youth 16-18, who complete any formalized independent living skills training, 65-80% with no delinquency charges during placement, 90-100% no ordinance violations during placement, and 85-95% with planned terminations (Rock 1987).

The model used by Rock County illustrates the effectiveness of the ten step procedure in establishing specific performance outcome standards. The application of performance standards to the purchase of service agreement is the only existing arrangement by a county agency. Correlating the findings of the Rock County study with the findings of the consortium of seven other counties suggests that the establishment of performance outcomes within an acceptable range had an immediate impact (Consortium 1987). Jefferson, Racine, and Rock Counties did better on all child care institutions and most foster care indicators when compared to the last reporting period for the same three counties (Consortium 1987).

Additional findings are reflective of the impact that the establishment of performance standards had on the treatment of their adolescent population. Academic Functioning: Many more child care institution children are at appropriate grade level, lead by Racine. Racine increased the cases at appropriate grade level from 58 to 70%. Foster cases indicated a small overall drop in this indicator, due to a substantial drop in the number of cases at appropriate grade level in Racine. Ability to live in the community:

Overall, fewer kids in child care institutions (CCI's) and foster care had delinquency and other violation charges. There continues to be little emphasis on independent living skills training. For CCI cases, when the child was 16 or older and the case was closed, only 28% completed such a course. No Racine cases completed the course while half of Rock's cases did. In contrast, Racine was the only county to show course completion for foster care cases. The survey also had an immediate impact, both in terms of family functioning and physical and emotional well being of the children in placement.

The study results indicated a better record in dealing with parents by purchase of service providers as well as reducing the runaway frequency and drug use of adolescents in their care when performance standards were made part of the purchase of service contract (Consortium 1987). The study reflects a significant drop in school attendance problems. Probably the most significant finding as a result of the implementation of standards was the result in performance by various child care institutions showing an increase in the proportion of children who did not go to a more restrictive placement from those child care institutions. That percentage changed from 89 to 100% (Consortium 1987).

The movement towards performance contracting by the Rock County Department of Social Services was important because of the immediate impact it had on the performance of those programs contracted by that county service agency. The model established an acceptable range within each performance standard and this was based upon a three year data collection process. Implementation and monitoring of that process had immediate results in terms of quality of care being provided to children under purchase of service contracts. Rock County, being part of the

consortium, assisted in establishing a comparable to other counties throughout the state. The data collection base is formulated upon specific performance outcomes (Consortium 1987).

In 1986, Bill Benedict of Lutheran Social Services proposed an evaluation plan for Jordan Hall Group Home. Given the nature of this research project it is important to note that this process of establishing program performance indicators (standards) was done in connection with the Racine County Human Services Department. This was Jordan Hall's first effort at setting up a formal program evaluation program. The following goal areas were suggested as part of the Jordan Hall process at the establishment of performance standards:

1. Family involvement
2. Service delivery-spirituality
3. Service delivery-education
4. Service delivery-community education
5. Service delivery-recreation/group work
6. Case coordination
7. Case planning and coordination
8. Case planning and coordination

It is important to note that program goals seven and eight, although similar, differ in that program goal seven applies to plans that will be developed for the clients within 30 days of placement; while goal eight refers to the residence goal plan. This will be reviewed by the individual referring worker, in this case, Racine County, within ten working days.

9. Program effectiveness

Expected level of program success or standard is that 80-85% of the residents will complete their planned placement period.

10. Service Effectiveness
11. Consumer satisfaction-clients
12. Service purchaser satisfaction
13. Administrative program review (Jordan Study 1986)

Of special significance in the Jordan Hall group home evaluation process was the establishment of program objective area twelve. This refers to purchaser satisfaction. In this case, Racine County Human Service workers are the case managers of all clients served by Jordan Hall. Each received a service satisfaction survey to gauge their degree of satisfaction with the services provided by Jordan Hall to their clients. The rationale utilized for the establishment of program goal twelve is that Jordan Hall sought to work closely with the county case managers who referred their clients to them. They were extremely qualified to assess the value of the services being provided and were able to provide ongoing feedback to the staff to improve their services. It was expected that the level of program performance would be that 80-90% of the county workers would be satisfied with the Jordan Hall services under the purchase of service contracts (Jordan Study 1986).

The Jordan Hall study is significant in a number of different ways and corresponds to the utilization of the goal attainment method in establishing acceptable performance outcomes for group home programs. The Goal Attainment Scaling process for the Jordan Hall study also was unique in its addressing the issue of purchaser satisfaction.

Each of the three studies covered in this literature review pertain to the utilization of the Goal Attainment model. First, each formulated a procedure by which the issues were defined and weighted according to the specific needs of the parties involved. Second, program objectives were

formulated based upon the defined treatment needs of the client, purchaser of the service, and the program. A range (expressed as a percent) was used in defining the expected level of performance. In the case of the last two studies, these objectives were included under purchase of service agreements between non-profit and profit service providers and a public service agency. The Goal Attainment Scaling model assisted in establishing performance standards and the application of those performance standards occurs without alienating the service provider and at the same time increasing the quality of care and service provided to the adolescents.

Conclusion

The importance of the problem of drug and alcohol abuse in this nation cannot be overstated. The public's awareness of the severity of the problem has been repeatedly demonstrated by the cost, both in terms of quality of life, as well as the cost of the care. Movements, both at the national and state level are reflected, both in terms of dollars and mandates for services at the county level. Brown County being no exception has experienced significant increase in its Youth Aids budget from 1987 to 1988. This budget increase is from \$827,427 to \$944,976 respectively (Report 1987-88). The projected figures for 1989 reflect even a greater increase than experienced over the past ten years. The complexity of providing services at this level challenges managers at all levels of government. The movement at the federal, state, and county level towards the purchase of service arrangement to provide those services is not without its difficulties. Those difficulties have resulted in many problems associated with the purchase of service concept. What has been illustrated by the literature is that those problems can be effectively handled through the purchase of service contract. County agencies can meet these challenges by establishing

performance standards ensuring that certain specifications in terms of qualifications of staff management are met as well as meeting the client's treatment needs.

Utilization of various performance techniques and evaluation methods as demonstrated and defined by Patton is one mechanism or approach to be utilized in correcting the problems of purchase of service contracting. Dr. Thomas J. Kiresuk and Godfrey Garwick, in the Program Project Report, dated 1974, on basic Goal Attainment Scaling, outlines, "Goal Attainment Scaling is a methodology for developing personalized multi-variable scaled descriptions which can be used for either therapy objective setting, or outcomes measurement of purposes" (Kersken and Garwick 1974). Originally developed as an assessment approach for individual clients in a community mental health milieu, Goal Attainment Scaling has since been applied to goal setting for both individuals and organizations across the whole spectrum of human services (Kersken and Garwick 1974). Goal Attainment Scaling has been discussed, analyzed, and rehashed several times, but continues to demonstrate itself as an effective model in the establishment of acceptable performance standards in the treatment of adolescents. Application of this model as an evaluative program tool by county agencies has assisted in the treatment of adolescents in need of drug and alcohol rehabilitation services. The three studies referred to in the literature demonstrate the usefulness of Goal Attainment Scaling on a public service delivery system and including the establishment of performance standards as part of the purchase of service contract method.

CHAPTER THREE

METHODOLOGY

Introduction

The purpose of the research design is to formulate a set of performance objectives for Brown County Department of Social Services. The literature suggests that the performance objectives be expressed as a percent according to the comparable rates of success within the field of treatment. Although the research format in this design is adapted from an established and accepted method of program evaluation, it is being applied to the specific treatment area of adolescent drug and alcohol recovery. The process of establishing performance standards follows a format similar to Goal Attainment Scaling.

The application of a set of acceptable performance standards to the existing model of service delivery (purchase of service) provides an avenue by which Brown County may evaluate existing service contracts for its AODA adolescent population. This evaluative model establishes a basis to determine future contracting decisions.

Analysis of the trends in service delivery and performance contracting demonstrated that the existing data was insufficient to formulate a set of performance standards. To broaden the data base, a survey was developed requesting information from the existing AODA recovery programs. Consultants in the area of AODA recovery were utilized in analysis and survey development. The population of current service delivery providers were used in the research study. The survey measured

the current methods used by those recovery programs in evaluating success. The research suggested that by asking programs to apply a percentage value to each objective would assist in establishing a median range for each performance objective. The scaling of each objective is key to being able to evaluate year end results for individual programs.

The historical data concerning the problem leads to redefining the issue as a lack of a mechanism to determine the effectiveness of current treatment programming by Brown County in the treating of its AODA adolescent population. Analysis leads to the conclusion there were no qualified or quantified measurements in use that enabled the county to evaluate treatment programs under contract. Brown County's management chose establishing practice standards for programs, including an effective monitoring and enforcement system as a means to avoid the potential pitfalls of the purchase of service model. This approach outlines a process by which future contract decisions will be based.

Fundamentally, this management decision is in keeping with the organization's philosophy and 1987 objectives. The establishment of performance standards tied to the purchase of service process assist management in executing the critical functions of planning, controlling, and organizing.

Overview of Project

Implementation of the project began with the definition of the problem and an analysis of the past and current practices of Brown County in rewarding purchase of service contracts. This analysis focused on the current data available to the agency towards evaluating existing treatment services for adolescents. Special attention was given to the AODA population because of an increasing need for services in this particular area. This trend

is reflected throughout northeastern Wisconsin and the nation (Heinz 1987). The analysis demonstrated that the existing data was insufficient to formulate a set of performance standards. This led to the development of a survey. Concerns of the purchase of service providers currently under contract were addressed in two stages. First, a representative of the agency contacted each provider and reviewed with them the need and purpose for the establishment of a set of performance standards. Second, each of the providers was consulted about the development of the survey. Further concerns pertaining to the agency, particular accounting needs and monitoring requirements, were addressed in discussions with the deputy director and the specialized alternate care supervisor. The use of the survey provided detailed information concerning program content as well as specific information concerning overall program effectiveness. The receipt of this data provides an avenue to correlate the relationship between program content and the comparable success of that program. Variables relating to management style, client staff ratios, and stability of the program were included in the survey format.

The establishment of performance standards using the information gathered in a thorough review of the literature, and with the input of the service providers and the management team lead to an adequate data base from which to do a preliminary analysis. The expertise of the supervisor of the Specialized Alternate Care Unit and the Deputy Director of the Department of Social Services was instrumental. Once developed, the new set of performance standards were carefully reviewed by the management team and refined as part of the preliminary analysis. The procedures utilized in establishing the new set of performance standards were well documented for future use in the establishment of other performance

standards for other target populations. Field testing the survey was an instrumental part of the procedure. The field testing process provided a means to test the survey's acceptability and to obtain feedback. Generalized referral data was also sought within the survey's format. This information was valuable in constructing a resource index. Two other areas of information were also sought. They pertain to whether there have been any major changes in treatment modality or changes in management within the last year. This information was reflective of program stability. The literature suggests a strong correlation exists between program stability and program effectiveness. This correlation appears to be a repeating pattern in the adolescent recovery field like that of the adult recovery field. The questions surrounding this situation are not addressed as part of this project but further study appears to be warranted.

This project was evaluated based upon the establishment of a set of performance standards for AODA recovery programs currently under contract to the Brown County Department of Social Services. Recommendations for implementation were presented to the Deputy Director of Brown County for approval for future contracting and then to the full Social Services Board for fiscal year 1990.

Procedures

The first step in this project entailed a thorough literature review. A survey was then developed to define what were acceptable performance standards in the area of drug and alcohol rehabilitation for adolescents. This survey was given to twenty five drug and alcohol rehabilitation programs throughout the state of Wisconsin.

Prior to the actual distribution, conferences were held to discuss this procedure with two current purchase of service providers in this specific

area of treatment. In December, 1988, the survey was field-tested by utilizing one of the current service providers. A cover letter, signed by the Deputy Director of the Brown County Department of Social Services, asked for specific feedback regarding the feasibility of the survey. The letter indicated that this was an initial step towards performance contracting and a process in attempting to establish what would be acceptable for performance standards.

A copy of the original survey can be found in the appendix. Prior to the initial mailing, personal phone contact was made with each resource. The purpose of the survey was discussed and they were informed that a follow up to the survey would occur in about ten days. In addition, each service provider to whom a survey was sent, was followed up individually with a personal phone call. This assisted in validating the data.

Specific information was requested in the field test as to changes necessary, in terms of structure, and in defining the specific program outcome. The responses to these questions and follow up contact, along with the information contained in the literature review, were utilized in the development and establishment of a set of performance standards. A final outcome of exactly what those performance standards are, along with a range of percent, can be found in the appendix. The composite of the results of the survey were computed and then distributed to those resources who participated in the survey.

A letter formalized to the Director of the Department of Social Services was then used to present the composite results of the survey. Recommendations concerning the expected levels of performance for the treatment of the adolescent AODA populations were presented as part of that letter. Additional suggestions were made in reference to awarding future

contracts based upon the comparable data from the survey. The specific standards as indicated were included as part of the final conclusions. The project was then completed. The plan was to modify this procedure for the establishment of future performance contracting for other specific adolescent treatment target areas.

Limitations

This research design contains characteristics which may alter outcomes or limit the ability of others to apply the study results to another setting. The scope of the research design is to develop a set of performance standards for AODA recovery programs and define a median for each standard based upon the comparable data from existing programs. The nature of the design suggest its short term perspective. The format alters this perspective as additional data is accumulated as part of the year end results are determined. Further analysis and data collection over a extended period of time would further validate or invalidate the short term results.

A number of patterns developed in the study with respect to the rates of success and the characteristics of specific programs that warrant further investigation and study. The results suggested that a inverse relationship exist between the use of the family systems approach and the rate of sobriety. It is perceived that this relationship is short term in nature, but further study to verify this phenomena is needed in the field of AODA recovery in adolescents. The trends and patterns found in the research design are expounded in the findings in chapter four.

CHAPTER FOUR

FINDINGS

Evaluation Question/Hypothesis

The focus of the research design is the establishment of a set of acceptable performance standards for adolescent drug and alcohol recovery programming based upon those standards utilized by the existing treatment providers.

This research design utilized a survey to determine what are the specific areas defined as program outcome that are accepted in the field of AODA rehabilitation. The survey provides a means of establishing a quantified range in each of the specific program outcomes identified. The hypothesis is that the existing programs will provide an adequate data base defining specific program standards of performance. This hypothesis is supported by the Heinz study which outlines program results as clients' ability to maintain sobriety as the most important factor in program evaluation (Heinz 1987). This was substantiated by the pre-survey field test conducted in 1988. Brown County designed a mechanism utilizing these performance standards for assessment of future contracts in the area of AODA treatment programming. The interpretative relationships between program outcome and program content are identified in the data description section of this chapter.

Data Description

The survey was field-tested in December 1988 and specific recommendations were requested. Alterations to the basic survey format were made based upon the feedback.

The survey was distributed during the first week in February 1989 to twenty-five treatment providers in the area of AODA recovery programming. As identified by the literature review, each provider was asked to indicate their present level of success expressed as a percent. The groupings for each program outcome were: less than 25%, 25-45%, 45-65%, 65-85%, and over 85%. For tabulation purposes the midpoints within the scale groupings were utilized.

The research data collected reflected information defined in the literature review. Survey question one assisted in defining specific rates of program completion. Defining effectiveness of program screening procedures and retention probability were formulated. A relationship between screening procedures and client retention appears to be represented by programs coded 3,5,6,8,10,11,17,18,19,20. The existence of screening procedures found in these programs suggests a positive relationship with corresponding rates of recovery of adolescents. Programs with screening procedures have significantly higher percentages of clients graduate having completed program expectations. This relationship is represented by the fact that each of the identified coded programs with screening procedures have an average of 60 percent of clients complete their program successfully. A formal letter dated March 17, 1989 outlines this relationship between case planning and coordination abilities of programs and the rate of program completion. Case planning and service coordination is identified as one of the service delivery areas to consider in contracting. See appendix.

Program outcome questions two, three(a) and three (b) identify specific rates of recovery. Sobriety continues to be the key determining factor utilized in evaluating success in AODA treatment programming.

Maintenance of sobriety and a drug free lifestyle is the primary goal of AODA treatment programming. The data reflects slightly higher rates overall than the rates defined by the literature for the nation. Programs coded 2,4,10,15,17,18,19,20 consistently reflected near or above average rates of recovery at each interval. The subjective correlation for all three questions for the above coded programs was less than it was for question two. The significant drop off in the rate of recovery illustrated in question three(b) is characteristic of other findings for adolescents in structured recovery programming and significantly higher (30 percent) than those not in a structured recovery program.

Program outcome questions four and five are designed to evaluate family reintegration. As part of the design of the survey instrument questions four and five were designed to validate the corresponding data. Because of the midpoints used in the scaling procedure there is some overlap. Telephone follow-up assisted in documenting the data collected in questions four and five. The data does validate the responses for all twenty coded programs. Family reintegration was equal for programs with differing treatment approaches. The data was not conclusive when comparing the traditional twelve step approach and the family system approach. Comparison of the two suggests that the family systems approach reflects a slightly lower rate of family reintegration but well within the standard deviation of 12.578 for question four. The data suggested the level of family involvement was more important than the type of approach utilized in the treatment of the AODA adolescent population.

Question six addresses the relationship between a program's ability to provide supportive services with the rates of recovery. Those programs providing family therapy/support services up to three months following

graduation demonstrated higher rates of recovery than programs that did not provide that service. All programs acknowledged that few families continue use of services beyond this time period. Of the four programs providing a minimum of service coded 7,9,14,15 only programs 7,14 reflected rates at or near that of adolescents without receiving structured recovery programming. The strength of the data is questioned because of a standard deviation of 29.983.

Survey question seven's data reveals an average rate of improvement of 80.125 for all adolescents demonstrating positive changes in behavior that were set as goals in treatment at the time of admission to the program. The a standard deviation of 10.307 illustrates the overall pattern of improvement in symptomatic behavior by AODA treatment.

Survey question eight results are self explanatory and are illustrated later in this text. The responses failed to demonstrate any commonalty in the varied measurements presented by the different programs. Those measurements outlined by the literature were supported by the data results.

This research design identified the following areas of program effectiveness:

1. Planned Placement Completions
2. Retention of Recovery
3. Family Reintegration
4. Least Restrictive Living Arrangement
5. Community Reintegration/Support Services
6. Reduction of Symptomatic Behavior

The survey design also addressed areas of program stability by requesting the amount of change that has occurred over the past year in treatment modality, management style, and direct therapy staff. Of the

twenty respondents included in the study seven indicated a change had occurred in the last year in two of the three areas. Five of the seven programs coded 7,12,13,14,16 overall had lower rates of success in areas of planned placement completion and retention of recovery. The other two programs had rates at or near the average in these two areas however had lower percentage rates of success in other areas outlined in the survey.

The research design under the identified heading of Program Content identifies the service delivery capabilities for each respondent. With two exceptions each program response suggests that those programs included in the study provide service delivery in each area at or above eighty five percent of the time. Because of the number of variables and the nature of the responses no statistical correlations could be completed and were beyond the limitations of the research design. The research design under the identified heading of Program Content identifies the following service delivery areas :

1. Case Planning and Coordination/Processing
2. Education Programming
3. AODA individual/group counseling
4. Family therapy/Support services
5. Independent Living Skills Development
6. AODA Networking
7. Relapse Education

Of the twenty respondents used in the study eighteen provide relapse education. Of the two that did not offer relapse education, one program coded 11 rated consistently above the average while the other program coded 14 rated consistently below average. It is important to note that the

program coded 14 also experienced major changes in staff and management over the past year.

Of the twenty-five surveys mailed out, twenty responses were used in the research study. Four responses were unable to be validated.

Of the twenty responses, each was followed up to verify information as it pertains to program outcome, content, and stability. This cross referencing procedure assisted in adding validity to the data. The follow-up contact allowed for the exploration of other variables emphasized by the facility in determining effectiveness.

The maximum and minimum scores are provided for each question. The average and median is calculated and grouped with the statistical data. A graphic representation for each program is provided for each survey question under the heading "Program Outcome" as shown. A listing of the program outcome effectiveness objectives are illustrated indicating a corresponding quantified range.

Presentation of Survey Data, Graphs, and Statistics

A listing of survey data according to program response for questions one through eight on the survey are shown as responses one through eight. Outcome question three has been divided into two separate responses. The first is listed 3a and the second as 3b.

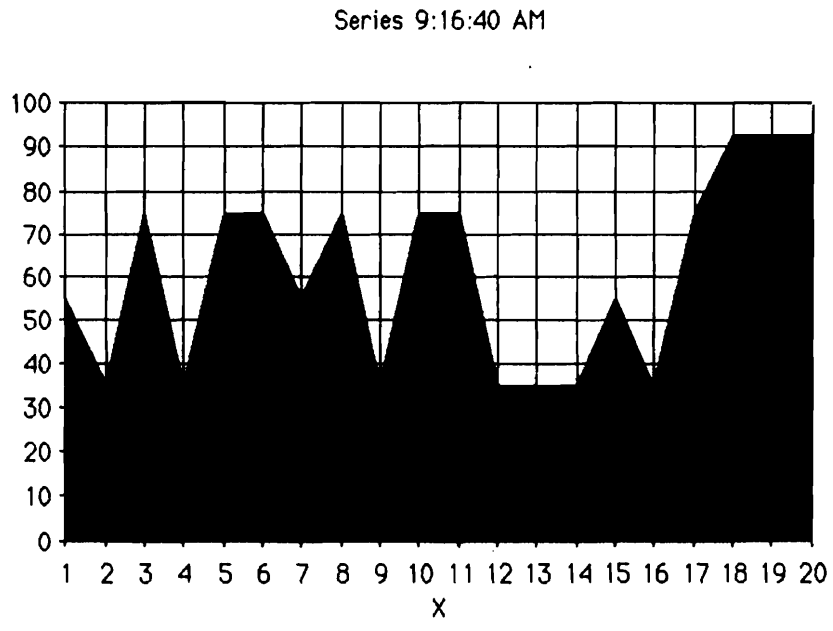
Area graphs illustrating the composite results of all twenty responding programs to the specific program outcome questions are represented. On the x-axis, the programs are represented by code numbers one through twenty. The y-axis represents the corresponding response expressed as a percent. The average mean is calculated and presented for each graph representation with the corresponding statistical information.

Question 1. What percent of adolescents admitted to your recovery program graduate having completed program expectations? (eg; steps 1-5)

Statistics:

Maximum	92.5
Minimum	35
Average	60.625
Median	75
Std. Deviation	23.988

Graph: X-axis represents coded programs
Y-axis represents program responses as a percent



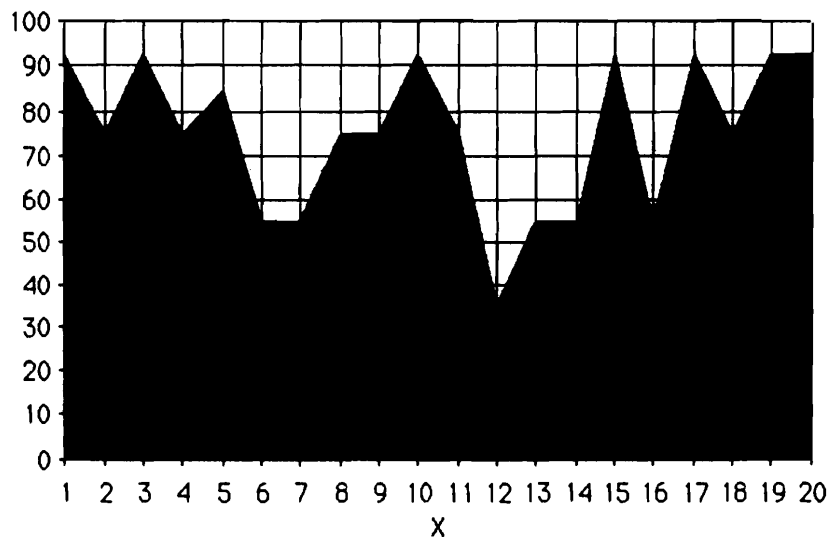
Question 2. What percent of adolescents remain chemically free during your recovery program?

Statistics: Maximum	92.5
Minimum	35
Average	74.625
Median	75
Std. Deviation	17.544

Graph: X-axis represents coded programs

Y-axis represents program responses as a percent

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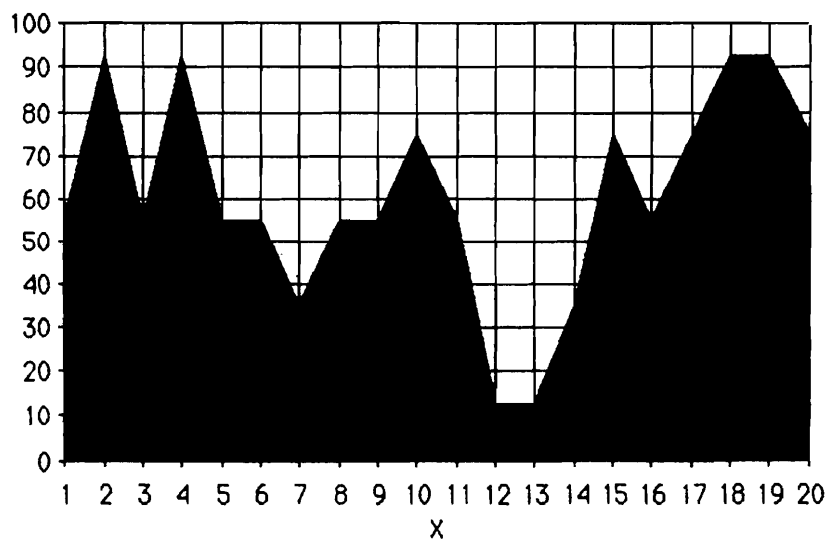
Question 3a. What percent of adolescents remain chemically free three months following graduation?

Statistics: Maximum	92.5
Minimum	12.5
Average	60.25
Median	55
Std. Deviation	24.155

Graph: X-axis represents coded programs

Y-axis represents program responses as a percent

Series 12:06:01 PM



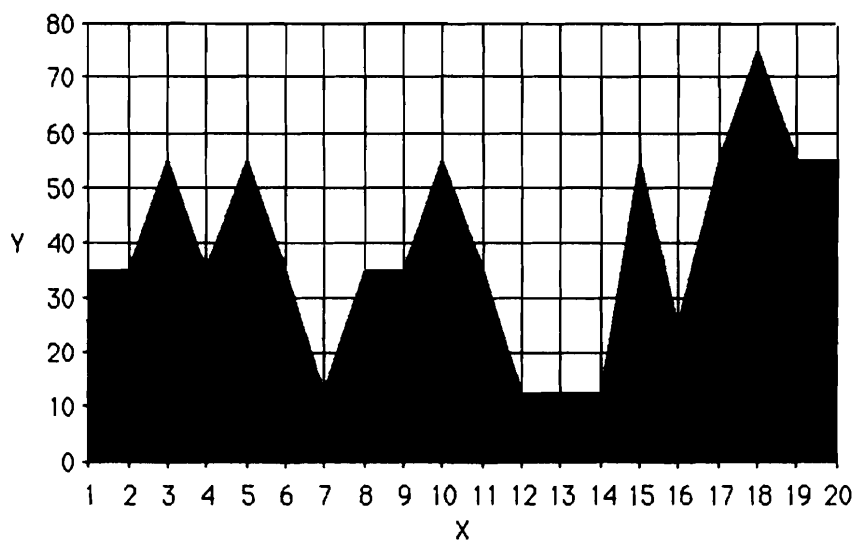
Question 3b. What percent of adolescents remain chemically free six months following graduation?

Statistics: Maximum	75
Minimum	12.5
Average	39
Median	35
Std. Deviation	18.071

Graph: X-axis represents coded programs

Y-axis represents program responses as a percent

Series 12:24:23 PM



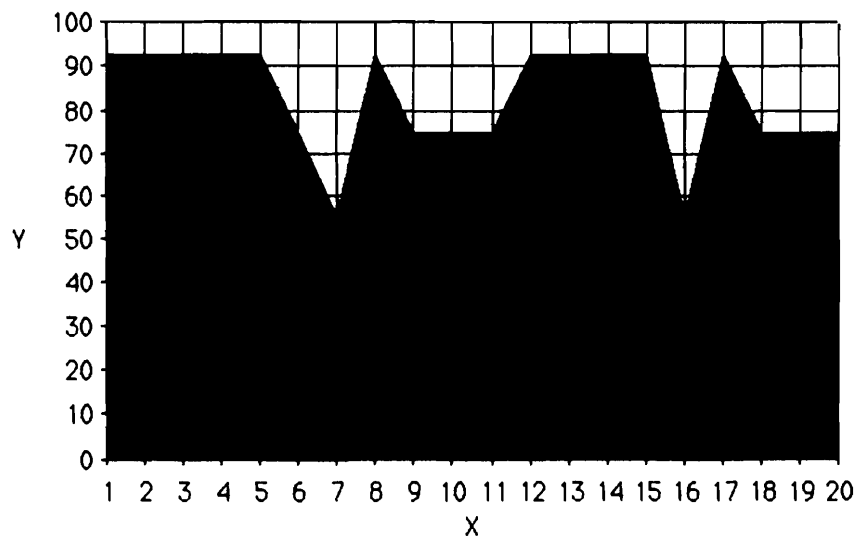
Question 4. What percent of adolescents are discharged to their natural home upon graduation?

Statistics: Maximum	92.5
Minimum	55
Average	82.625
Median	92.5
Std. Deviation	12.578

Graph: X-axis represents coded programs

Y-axis represents program responses as a percent

Series 12:39:42 PM



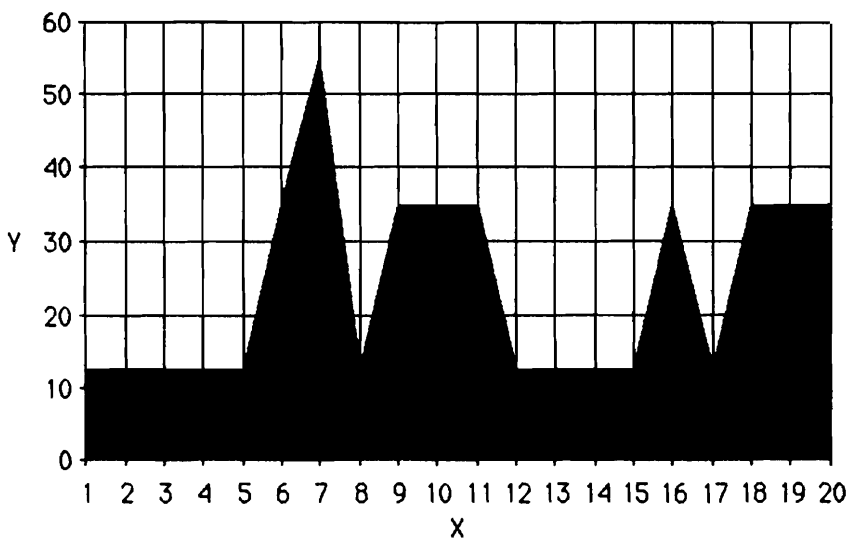
Question 5: What percent of adolescents are discharged to a less restrictive setting (eg; foster home, relative, independent living) upon graduation?

Statistics: Maximum	55
Minimum	12.5
Average	23.625
Median	12.5
Std. Deviation	13.340

Graph: X-axis represents coded programs

Y-axis represents program responses as a percent

Series 12:52:26 PM



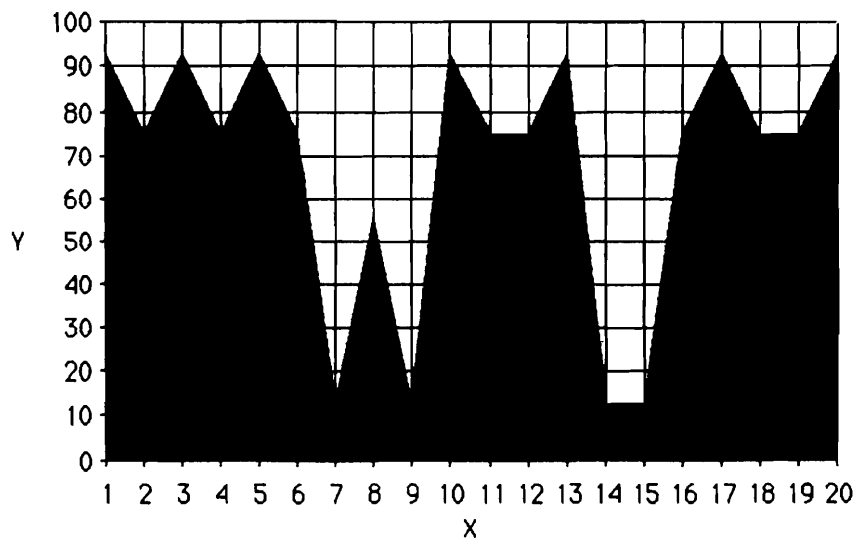
Question 6. What percent of adolescents are provided family therapy/supportive services up to three months following graduation?

Statistics: Maximum	92.5
Minimum	12.5
Average	67.625
Median	75
Std. Deviation	29.983

Graph: X-axis represents coded programs

Y-axis represents program responses as a percent

Series 1:08:46 PM



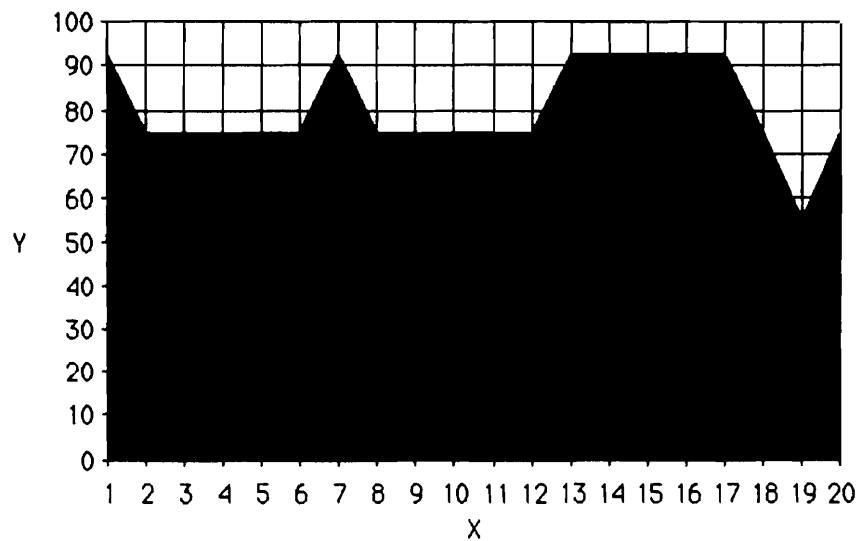
Question 7. What percent of adolescents demonstrate positive changes in behavior that were set as goals in treatment at the time of admission to the the program?

Statistics: Maximum	92.5
Minimum	55
Average	80.125
Median	75
Std. Deviation	10.307

Graph: X-axis represents coded programs

Y-axis represents program responses as a percent

Series 1:19:43 PM



Question 8. Are there other program outcomes that your facility emphasizes in determining its program's effectiveness?

Results: Other measurements of success used by individual programs fall into the following categories:

1. Level of family involvement and support.
2. Reinvolvement in adolescent behaviors and activities.
3. Ability to return to sobriety following relapse.
4. Continued use of AODA support services
5. No further use of alternative treatment services.
6. Reduction of further legal difficulties.

A copy of the survey instrument is included in the appendix.

CHAPTER FIVE

DISCUSSION

Conclusions

The purpose of the research design is to establish a set of performance standards for AODA recovery programming. Analysis of the data contained in the research study formulates a set of specific program standards. The mean is determined by the composite responses establishing a quantified percent to be utilized for corresponding outcomes in AODA treatment programming. These standards and corresponding norms are applied to purchase of service agreements by Brown County Department of Social Services in the treatment of its AODA adolescent population. The establishment of acceptable standards provides a mechanism to evaluate year end results and assist in future contract decisions.

The following is a listing of the performance standards formulated on the survey composite results:

1. At least 60% of all adolescents admitted to a recovery program graduate having completed program expectations.
2. At least 75% of adolescents remain chemically free during recovery programming.
3. At least 60% of adolescents remain chemically free three months following graduation.
4. At least 40% of adolescents remain chemically free six months following graduation.
5. At least 80% of adolescents are discharged to their natural home upon graduation.

6. At least 20% of adolescents are discharged to a less restrictive setting upon graduation.
7. At least 68% of adolescents are provided family therapy/supportive services for three months following graduation.
8. At least 81% of adolescents demonstrate the positive changes in behavior in other areas as specified in the treatment plan.

Implications

This research design was valuable in establishing performance standards based upon collected data. The descriptive nature of the data itself was extremely valuable in validating the program standards identified in the literature review. The implications for Brown County as a public organization can also be identified. The procedure within the context of formulating standards in a human resources field constitutes a means of cost analysis. A relationship is defined where dollars spent can be linked to success of treatment under the purchase of service delivery model. Within a system plagued with a general lack of accountability, the ability to justify public tax dollars spent is a welcome relief. Add to the dilemma, the trend of increasing cost of service delivery and the number of adolescents requiring AODA rehabilitation and the projected cost savings takes on a new dimension.

Success of the format in the establishment of performance outcomes takes on a greater cost savings when applied to other mandated treatment services. The application to the purchase of services agreement fulfills the management monitoring function. It simply is good business practice which serves the provider a clear understanding of the expectations, the client better service, and serves management by its accountability.

The data was instrumental in quantifying the specific levels of performance accepted in the area of AODA treatment programming. The research instrument fulfilled other functions including the establishment of subjective correlations. The instrument provided valuable information used to establish a resource index outlining specific program services and cost for future management decisions. The format of the research design lends itself for use in the establishment of performance criteria in other areas of treatment.

The final implication from a management perspective is that the research process allows for the sufficient monitoring of the treatment delivery under the purchase of service delivery model and creates a basis upon which future contract decisions can be formulated.

Recommendations

A letter to the director has been instituted based upon the formal results of this study. Those recommendations indicate connecting specific performance standards to the purchase of service contract. A mechanism will be developed to evaluate individual program year end results based on this research design. The mechanism will be scaled upon negotiated levels of expected goal attainment. For calculation purposes that scale will be a five point scale with zero representing the expected level of program success. Minus one representing less than expected level of success and minus two signaling the least favorable outcome. Plus one representing better than expected level of success and plus two signaling the most favorable outcome. The scale of difference between the different levels is to be negotiated with the service provider. Those differences should reflect the two extremes of the study results. For example, the least favorable level of program success is that at least thirty percent of all adolescents admitted to a recovery

program graduate having completed program expectations. Using an interval of fifteen percentage points then suggests that the most favorable outcome would be ninety percent of all adolescents admitted to a recovery program graduate having completed program expectations. As the study illustrated service providers maintain their own evaluation data and cross referencing the final outcomes is a validation procedure in analyzing year end results. A scoring key focusing on service delivery and program effectiveness will reflect a program's ability to meet or exceed the expected levels of success.

A recommendation is that future contracting decisions be based upon a program's ability to provide services that fall within the area of acceptability with reference to overall cost. The level of understanding about the establishment of performance standards is there are measurable means available to a county agency by which it can ensure the cost effectiveness of its monies spent.

The process of data collection for the fiscal year ending 1991 will validate or invalidate the evaluation design. This format provides a mechanism to formulate a statistical basis upon which to base decisions in awarding service contracts for fiscal year 1992. The existing comparable data will assist in the decision process.

The implications for management are that the research results operate as a monitoring mechanism to evaluate the utilization of Brown County's fiscal resources. The procedural format of establishing performance objectives and connecting them to the purchase of service model assist the management team in its planning function.

Comment

Two outcomes of the research design that were unable to be addressed indepth and warrant further research study concern the

relationship between program stability and program effectiveness. Of the 20 responses to questions six through eight every program responded yes to at least one of the three. What is significant is that of the programs responding to two of the three accordingly have the lowest rate of overall success. This correlation is reflective of the literature information.

The second correlation that appeared outlines that those programs using a family systems approach had the lower rate of success in the area of an individual's ability to maintain sobriety and a drug free lifestyle. The traditional view of alcoholism and other drug addictions is as a progressive disease, and the psychological needs and habits which foster its continuance need to be addressed for treatment to be effective. The nature of adolescents suggests that parent communication channels need to be opened via family therapy. The focus of the therapy is to work through the guilt, anger, hurt phase of treatment toward strengthening ongoing relationships of mutual trust and respect which is essential for assuring the adolescents unification with his/her family. The study results reflect an inverse relationship between the family based approach and rates of sobriety. If these results are reflective of other studies then further study is not only warranted but necessary given the trends outlined by the literature. The belief is that these results are reflective of the short term perspective of the the study and the utilization of this approach in the treatment of chemically dependent adolescents. This apparent reality poses interesting questions for the field of AODA treatment. More importantly are the implications that it has for management in contracting for AODA recovery services.

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January 19, 1989

Dear

The Brown County Department of Social Services is moving towards performance contracting and, in the process, is attempting to establish what will be effective performance standards. It is believed that the information obtained through the use of this survey will help us establish an index of appropriate resources for children in need of a recovery program.

I would appreciate your assistance with this important endeavor by completing the attached survey. If there are any specifics that you wish to qualify or quantify, please do so on the last page.

If you have any questions regarding the survey itself, please contact Dale Vogel at 414-436-7057. The agency recognizes that the majority of programs

do their own program evaluation. Therefore, the data requested is available. If the information has not been compiled, please complete this survey based upon the information accessible to you.

I hope you will complete this survey and we would like to thank you for taking the time to assist us. We will contact you in the next few days to see if you would be interested in being added to our resource index. The composite results of the survey will be made available to you.

Sincerely,

Joseph Schiebel
Deputy Director

BROWN COUNTY DEPARTMENT OF SOCIAL SERVICES
 SURVEY OF WISCONSIN ALCOHOL & OTHER DRUG ABUSE
 RECOVERY PROGRAM FOR JUVENILES

INSTRUCTIONS: Please respond to all questions unless specifically noted.

A. Referral Data-

1. Admissions Director _____
2. Current Daily Rate _____
3. Sex: Male Only () Female Only () Co-ed()
4. Age range of clients: ()
5. What is the ratio of direct care staff to the number of clients within your program? _____
6. Have there been major changes in treatment modality within the last year? Yes () No ()
7. Have there been major changes in management within the last year? Yes () No ()
8. Have there been major changes in direct therapy staff within the last year? Yes () No ()
9. Does your program also offer treatment in areas other than AODA? Yes () No () If yes, please specify.

B. General Data

1. Does your facility do ongoing program evaluation?
 Yes _____ No _____

2. If yes, please describe what you do and how often.

3. Do you have a formal policy of following up on discharges from your program? Yes () No () If yes, at what point does your program have contacts following discharge?
3 months () 6 Months () Other () (please specify)

C. Program Outcome

1. What percent of adolescents admitted to your recovery program graduate having completed program expectations? (eg: steps 1-5) less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
2. What percent of adolescents remain chemically free during your recovery program?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
3. What percent of adolescents remain chemically free three months following graduation?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()

six months following graduation?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
4. What percent of adolescents are discharged to their natural home upon graduation?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
5. What percent of adolescents are discharged to a less restrictive setting (eg: foster home, relative, independent living) upon graduation?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
6. What percent of adolescents are provided family therapy/supportive services up to three months following graduation?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()

7. What percent of adolescents demonstrate positive changes in behavior that were set as goals in treatment at the time of admission to the program? (eg: school performance, ordinance violation)
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
8. Are there other program outcomes that your facility emphasizes in determining its program's effectiveness? Please indicate.
-
-
-

D. Program Content (If not applicable, please indicate)

1. Of those clients referred, what percent involve a pre-placement visit and a family interview defining program expectations? (eg: family involvement)
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
2. What percent of clients have a formal treatment plan established within 10 days of admittance to the program and a written program within 20 work days from admittance?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
3. What percent of clients are enrolled within 5 working days of admittance in a formal school program or alternative educational programming?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
4. What percent of adolescents are involved in three or more group meetings per week within the program itself?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
5. What percent of adolescents are involved in three or more individual sessions?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
6. What percent of adolescents are attending family therapy sessions on a minimum of 10 day intervals?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()

7. What percent of adolescents and their families are involved in a family program on a regular basis? (eg: educational series, co-dependent role information)
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
8. What percent of adolescents, 16-18 are involved in the development of independent living skills training during the course of their treatment?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
9. What percent of adolescents establish an AA/NA sponsor (approved) within the community during the course of their recovery program?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
10. What percent of adolescents establish a community group affiliation (attends groups regularly) prior to completion of the recovery program?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
11. What percent of the families are involved in community support resources? (AA, Al-Anon)
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
12. What percent of adolescents whose permanent plan is independent living are employed upon completion of the recovery program?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
13. What percent of adolescents who are court ordered participate in the restitution project?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()
14. What percent of adolescents receive relapse education as part of your treatment program?
less than 25% () 25-45 () 45-65 () 65-85 () over 85 ()

15. Are there any other aspects to your program's content that you feel is instrumental in determining its overall effectiveness? Please describe. (eg: referral support, social work contact)

Are you interested in receiving the composite results of this survey?

Yes _____ No _____

An additional page is attached to qualify and quantify any further comments you may have.

March 17, 1989

Mr. William R. Miller, Director
Brown County Department of Social Services
111 N. Jefferson
Green Bay, Wisconsin 54301

Re: Establishment of Performance Standards
for Future Contracting of Adolescent AODA
Recovery Programming.

Dear Mr. Miller:

On March 15, 1989, an analysis was completed of the data provided by the research study. Following is a listing of performance standards formulated on the survey composite results:

1. At least 60% of all adolescents admitted to a recovery program graduate having completed program expectations.
2. At least 75% of the adolescents remain chemically free during recovery programming.
3. At least 60% of the adolescents remain chemically free three months following graduation.
4. At least 40% of the adolescents remain chemically free six months following graduation.
5. At least 80% of the adolescents are discharged to their natural home upon graduation.
6. At least 20% of the adolescents are discharged to a less restrictive setting upon graduation.

7. At least 68% of the adolescents are provided family therapy/supportive services for three months following graduation.
8. At least 81% of the adolescents demonstrated positive changes in behavior in other areas as specified in the treatment plan.

The establishment of acceptable performance standards provides a mechanism to evaluate year-end results and assist in future contract decisions. This mechanism can be scaled upon negotiated levels of expected program success. For calculation purposes, that scale should be on a 5 point system with 0 representing the expected level of program success. An interval of 15 percentage points would be appropriate.

As the study illustrates, service providers maintain their own program evaluation data. Cross-referencing the final outcome statistics is a validation procedure in analyzing year-end results. A scoring key focusing on service delivery program effectiveness will reflect the program's ability to meet or exceed the expected levels of success.

The recommendation is that future contracting decisions be based upon the program's ability to provide services that fall within the area of acceptability with reference to overall cost.

The study was also successful in identifying service delivery areas that are as important to this organization. Those service delivery areas are:

1. Case planning and coordination.
2. Educational programming.
3. AODA individual/group counseling.
4. Family therapy/support services.
5. Independent skill development.
6. AODA community networking.
7. Relapsed education.

Those programs providing these services correlated positively with the programs achieving the highest rates of success in adolescent recovery.

It is the recommendation that the use of the set of effective performance standards tied to the purchase of service agreement will serve as an evaluation process in determining the effectiveness of those programs.

If you would like to discuss the details of this study and the composite results, please let me know. It appears that this format will assist this agency in meeting one of its objectives, the establishment of effective evaluation procedures.

Sincerely,

Dale Vogel, Social Worker
Specialized Alternate Care Unit

Earlene Ronk, Supervisor
Specialized Alternate Care Unit

BROWN COUNTY DEPARTMENT OF SOCIAL SERVICES

DV/mr

cc: Earlene Ronk, Specialized Alternate Care Supervisor
Joseph Schiebel, Deputy Director