# PA DEPARTMENT OF DRUG AND ALCOHOL 2015 PEER REVIEW

# CUMULATIVE RESULTS

Large Outpatient Substance Use Disorder Treatment Programs

pennsylvania
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Prepared by the Mercyhurst University Civic Institute

# Contents

## Project Methodology

The Pennsylvania Department of Drug and Alcohol Programs (DDAP) conducts a Peer Site Review initiative on an annual basis. This process, which is a requirement mandated by the federal Substance Abuse Prevention and Treatment Block Grant (SAPT BG) funding stream, focuses on a different program type each year. During the process, a minimum of 5% of sites offering the selected programmatic service must be reviewed by peers from like agencies.

For the 2014-2015 fiscal year, DDAP chose to review Large Outpatient Substance Use Disorder treatment programs. There was strong support from across the state for sites to participate in the process this year. Because of this, the process was able to have one site participate from each of the six Community Health Districts (CHD) in the state, with the Southwest district having two sites participate. The following seven sites participated in the review process:

- Clear Concepts Counseling (Northcentral CHD)
- Freedom Healthcare (Southwest CHD)
- Genesis House (Southcentral CHD)
- Mirmont Treatment Center (Southeast CHD)
- SHORES (Southwest CHD)
- Stairways Behavioral Health (Northwest CHD)
- White Deer Run (Northeast CHD)

Once DDAP representatives secured participating sites, reviewers were recruited to conduct site visits. One of the most interesting and unique aspects of this initiative is that representatives from other agencies visit and conduct interviews with their peers, affording them the opportunity to learn best practices in a hands-on discussion-oriented environment. Participants also develop network resources that can be used in their professional careers. Reviewers are matched up according to their sites by geographical proximity. All efforts are made to keep the reviewers within a reasonable drive to the facility that they review. The following table shows the sites reviewed with the corresponding reviewers and date of visit.

| Site | Reviewers | Date of Review |
|---|---|---|
| Clear Concepts | Rick Takacs (Mercy Behavioral Health) | May 5, 2015 |
| | Kara Hall (SHORES) | |
| Freedom Healthcare | Erin Mrenak (Stairways) | May 4, 2015 |
| | Angela Ireland (CenClear, Inc.) | |
| Genesis House | Tricia Frank (Naaman Center) | May 14, 2015 |
| | Patrick Dowling (Mirmont) | |
| Mirmont Treatment Center | Lyndie Sipe (Clear Concepts) | April 27, 2015 |
| | June Steiner (White Deer Run) | |

| | | |
|---|---|---|
| SHORES | Jana Kyle (Fayette Co. Drug and Alcohol) | April 23, 2015 |
| | Brian Reese (Fayette Co. Drug and Alcohol) | |
| Stairways Behavioral Health | Jen Ricciardelli (MedTech Rehab) | May 8, 2015 |
| | Carol Elsesser (Freedom Healthcare) | |
| White Deer Run Allentown | Ryan Hogan (WVADS) | April 24, 2015 |
| | Jessy Miller (WVADS) | |

The Mercyhurst University Civic Institute (MCI) has been assisting DDAP with the coordination and analysis of the peer review process since the 2006-2007 fiscal year. The MCI, based in Erie, PA, has a history of conducting program evaluations for state and local juvenile, family, criminal justice, and drug and alcohol programs. DDAP representatives and MCI staff structured the review process in a manner that focused on qualitative information such as strengths, weaknesses, and organizational behavior, while placing less emphasis on statistics and demographic data. Additionally, methods were developed in order to maximize the number of program staff who could contribute their opinions to the review of their site. The MCI utilized a similar methodology for the process in the 2014-2015 fiscal year, as it worked well during previous years.

The first step for gathering information from each of the sites was the distribution of a tool referred to as the pre-survey. The pre-survey was constructed with two sections. The first section asked the respondents to use Likert scale responses to answer 30 questions based on various organizational behavior traits. The second section consisted of rating organizational performance on 16 general activities and traits. A copy of the pre-survey can be found in the Reviewer Guide located in Appendix B of the individual site documents.

The actual site visits served as the second step for gathering information for the Peer Site Review process. MCI staff designed a tool that would guide the reviewers in their interviews with agency staff. Sixteen core components (i.e. treatment planning, communication, staff morale, program and agency perception, etc.) were identified, with numerous questions suggested for each area. Interviewee responses imbedded in the survey tool can be found in Appendix A of each sites' individual report.

In addition to the pre-surveys and site visits, a third information gathering tool was utilized during the process. In past years, several of the questions asked in the site visit had generated identical responses from all of the interviewees. Subsequent discussion among the project facilitators led to the conclusion that to expedite the on-site process, these questions could be sent in advance to the site contact who would be asked to provide answers. A brief qualitative

survey with these questions was constructed and sent out with the pre-surveys to the primary program contacts.

In order to prepare the reviewers for the site visits, an in-depth reviewer's guide was developed and sent to participants. This guide included all materials needed to conduct the review, all relevant contact information, reimbursement forms, interviewing tips, and a description for each question on the site visit survey tool. Reviewers were asked to participate in one of two conference calls (March 11th or March 18th) led by MCI staff. The focus of the conference call was to review the training manual, the questions on the site visit survey tool, and the responsibilities of the site reviewers.

Prior to the conference calls, site contacts were informed that a reviewer would be in touch within the next two weeks to set up a date for the visit. In addition, it was requested that each site have six staff available for interviews on the day of the site review. Once the reviews were completed, reviewers were asked to report back to MCI with review findings by May 24th. MCI staff then compiled final results for each individual site as well as an overall analysis. A final report was compiled and delivered to DDAP officials at the end of June 2015.

## Pre-Survey Results

The first portion of the site review process was the administration of a pre-survey. All staff members associated with the Large Outpatient Substance Use Disorder treatment programs reviewed were asked to participate. The pre-survey focused on organizational and operational behaviors within the facility. In addition, the survey asked respondents to rate areas of operations that are pertinent to organizational functions. The survey allowed a greater number of staff members to have input in the review process and supplemented the data collected from the interviews conducted during the site review. All seven sites which participated in the Peer Review process this year took part in the pre-survey. The results that follow are cumulative for all participating sites, due to the small number of returns at some sites. Analyzing individual site returns would not be feasible and may, in fact, allow for breach of anonymity with responses.

***Part One***

Part one of the pre-survey consisted of a list of 30 statements, which survey participants were asked to rate their level of agreement using a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree) for each item. In addition, a column of Not Sure/Not Applicable was provided. Analysis of results consisted of ranking each statement by highest level of agreement to lowest level of agreement. High agreement statements (more than 75% of respondents either strongly agreed or agreed) are those that were generally supported by the respondents and are identified in **blue text**. Though there were not any of the following identified, low agreement statements (less than 25% of respondents either strongly agreed or agreed) and high disagreement statements (more than 50% of respondents either disagreed or strongly disagreed) would have been identified with **red text**. These percentages were chosen only for sampling purposes. The complete table of statements has been re-ranked in order of highest agreement to lowest agreement for this report.

| n = 53 | SA & A | Neutral | D & SD |
|---|---|---|---|
| ***Clients are encouraged to participate in positive social activities.*** | ***100%*** | ***0%*** | ***0%*** |
| ***Our program staff take adequate steps to ensure client confidentiality.*** | ***100%*** | ***0%*** | ***0%*** |
| ***Clients view this program as beneficial to their treatment.*** | ***100%*** | ***0%*** | ***0%*** |
| ***Staff members are able to build rapport with clients in a reasonable amount of time.*** | ***99%*** | ***2%*** | ***0%*** |
| ***Clients are made well aware of the program expectations when they are admitted.*** | ***98%*** | ***0%*** | ***2%*** |
| ***Clients' treatment is adjusted based on their changing needs.*** | ***98%*** | ***2%*** | ***0%*** |
| ***The interventions utilized are useful in meeting clients' needs.*** | ***96%*** | ***2%*** | ***2%*** |

| n = 53 | SA & A | Neutral | D & SD |
|---|---|---|---|
| *Staff begin coordinating aftercare services for clients at the appropriate point in their treatment.* | *96%* | *4%* | *0%* |
| *The community has a favorable view of our program.* | *96%* | *4%* | *0%* |
| *Our staff members do a thorough job of assessing clients' problems and needs.* | *95%* | *4%* | *2%* |
| *Staff members cooperate with one another in a way that supports the program.* | *94%* | *2%* | *4%* |
| *Staff members have knowledge of the challenges faced by our clients.* | *94%* | *6%* | *0%* |
| *Staff members maintain appropriate professional boundaries with clients.* | *94%* | *6%* | *0%* |
| *Staff members communicate well with one another.* | *93%* | *4%* | *4%* |
| *Our program staff are able to collaborate well with key agencies in our community.* | *93%* | *2%* | *6%* |
| *I trust the professional judgment of my coworkers.* | *93%* | *4%* | *2%* |
| *Clients are connected with needed aftercare services.* | *92%* | *8%* | *0%* |
| *Staff members are willing to try new things to improve treatment.* | *91%* | *8%* | *2%* |
| *Our agency creates an environment in which professional growth is encouraged.* | *87%* | *9%* | *4%* |
| *Our program staff have access to technology as needed.* | *85%* | *13%* | *2%* |
| *My personal workspace is conducive to completing my job responsibilities.* | *85%* | *8%* | *8%* |
| *Staff members feel they are supported by management.* | *85%* | *6%* | *10%* |
| *Staff members report a sense of high morale.* | *85%* | *13%* | *2%* |
| *Our program has a clear definition of client success.* | *85%* | *11%* | *4%* |
| *I am satisfied with the training available to staff.* | *81%* | *12%* | *8%* |
| *We have adequate staff in place to meet our clients' needs.* | *81%* | *9%* | *9%* |
| *Our program provides clients appropriate access to medical consultations and tests if needed.* | *75%* | *20%* | *4%* |
| Our physical building is conducive to meeting our clients' needs. | 62% | 25% | 12% |
| Clients have access to occupational and vocational counseling. | 53% | 36% | 10% |
| Employee wages and benefits are appropriate and comparable with other similar agencies. | 51% | 31% | 18% |

***Summary***

Overall, 27 of the 30 statements were met with high levels of agreement. Three of the statements were met with 100% agreement or strong agreement, and over half of the statements (18 of 30) had 90% or higher levels of agreement or strong agreement. None of the statements were identified as being high disagreement or low agreement. The areas that rated lowest by respondents were "Employee wages and benefits are appropriate and comparable with other similar agencies", (51% Strongly Agree/Agree, 18% Disagree/Strongly Disagree), and

"Clients have access to occupational and vocational counseling", (53% Strongly Agree/Agree, 10% Disagree/Strongly Disagree).

***Part Two***

Part two of the pre-survey consisted of a list of 16 general themes related to organizational activities and traits. Survey participants were asked to rate their view of their program's overall performance on a 5-point Likert scale varying from 5 = Very Strong to 1 = Weak. High strength statements (more than 75% of respondents answered Very Strong or Strong) are those that were generally supported by the respondents and are identified in **blue text.** Though there were not any of the following identified, low strength statements (less than 25% of respondents responded very strong or strong) and high weakness statements (more than 50% responded either somewhat weak or weak) would have been identified with **red text**. These percentages were chosen only for sampling purposes. The analysis below consists of ranking each statement from greatest identified strength to lowest identified strength.

| n = 53 | VS & S | Neutral | SW & W |
|---|---|---|---|
| *Staff- Client Relationships* | *97%* | *2%* | *0%* |
| *Staff Professionalism* | *95%* | *2%* | *4%* |
| *Perception within Treatment Community* | *92%* | *6%* | *2%* |
| *Relationships with Other Agencies* | *92%* | *8%* | *0%* |
| *Intake Process* | *91%* | *4%* | *6%* |
| *Treatment Components/ Programming* | *89%* | *9%* | *2%* |
| *Treatment Planning* | *89%* | *9%* | *2%* |
| *Peer Staff Relationships* | *89%* | *8%* | *4%* |
| *Communication* | *85%* | *6%* | *10%* |
| *Management Performance* | *85%* | *8%* | *8%* |
| *Staff- Management Relationships* | *85%* | *8%* | *8%* |
| *Working Conditions* | *83%* | *11%* | *6%* |
| *Staff Morale* | *82%* | *9%* | *10%* |
| *Technological Access* | *81%* | *15%* | *4%* |
| *Professional Development* | *81%* | *9%* | *10%* |
| *Aftercare Planning* | *75%* | *19%* | *6%* |

***Summary***

Every one of the 16 topics were said to be very strong or strong within the respondents' corresponding agency. Five of the topics had over 90% of respondents saying their agency is strong or very strong in this area: Staff-Client Relationships (97%), Staff Professionalism (95%), Perception within Treatment Community (92%), Relationships with Other Agencies (92%), and Intake Process (91%).

**NOTE: The reader should understand that the data from the pre-surveys may or may not reflect the overall feeling of all staff working within the programs or agencies. The reader should recognize that other issues may weigh in on the performance of the organizations beyond those noted in the summarized findings of the pre-survey.**

## Site Review Summary

The peer site reviews of the large outpatient substance use disorder treatment program were completed during April and May of 2015 at seven sites across the commonwealth. Each of the six Community Health Districts areas were represented in the process, with the Southwest region having two sites engaged in the process. Individual site reports have been compiled and available to each corresponding program that participated, as well as to DDAP authorities.

The following is a summary of cumulative findings from the interviews. Throughout the process there were many similarities as well as differences among and between programs. This report identifies the highlights and notable traits that are found among the seven participating sites.

***Intake and Client Characteristics***

Clients are referred to the large outpatient substance use disorder treatment programs across the state from many different sources. Common ones include local Single County Authority (SCA) offices, inpatient programs, local human services providers (such as D&A providers, mental health services, children and family agencies), and self-referrals. Some of the programs have strong working relationships with their county criminal justice systems and receive referrals from courts and probation. One of the sites has a program that reaches into the local county prison as well.

Initial screenings for client intake are typically brief, usually to identify program eligibility. If the prospective client meets eligibility then a more in-depth assessment will be scheduled, and usually conducted within a few days. At this step an appropriate level of care is identified for the client. Though most intake/assessment procedures were very similar across sites, there were some differences reported with regard to varying involvement of medical staff in the process.

All of the programs reported that the clients who enter into these specific services are good fits for the program. This would be assumed, as the intake/assessment process would eliminate a portion that would not be appropriate for the services. If there are problems, counselors will often refer the clients on to higher (or lower) levels of care in their communities. Commonalities of poor fits include those with mental health issues or have been involved with the criminal justice system. Another issue faced with poorly performing clients is that for some, they are there due to 'external motivation' and not ready to change for themselves.

***Treatment and Aftercare Planning***

Treatment plan development consists of interaction between the lead counselor (usually the one who conducts the initial assessment) and the client. These occur anywhere from one week to thirty days after the initial assessment, depending on the site. All of the programs reported that the client has a significant amount of input into the process, as this helps to assure client 'buy-in' throughout their

treatment process. One of the respondents noted that essentially the counselor collects the information and puts it into the proper format. Once finalized, they are typically reviewed/updated every 60 days, with some at 30 day intervals. Not all sites utilize electronic formats for developing the plans, which makes it cumbersome for preparing. It was also noted that some plans, though individualized, seem to have a 'canned' feel to them.

The main treatment modalities seem to be determined by each therapist, though some programs specialize in offering treatment through one or two different methods. The most commonly reported methods of treatment were motivational interviewing and behavioral modification, with cognitive-behavioral and solutions-focused treatment also used frequently.

Most of the programs do not directly offer occupational or vocational counseling to clients. Many of the programs do have partnerships with community agencies that specialize in this, and often refer clients on for these services. One of the programs does, however, have an internal program that clients can take part in which encourages employment, and often will hire clients as janitorial/maintenance staff. Use of 12-step programs is also mixed. While it is common to promote these philosophies and encourage attendance of meetings, as a practice it is typically not integrated into program services at most of the sites. Many of the programs offer structured activities for the clients as well. Examples include yoga classes, art workshops, and community outings.

Clients often have diverse needs that impact their substance use treatment. Interviewees were asked about what the program does to meet the needs of a variety of special populations. There were few commonalities among the sites. Individual reports contain what each site does specifically for the special populations.

Sites reported not having any specific programming for veterans within this population. If they have a veteran in need of special services, they are typically referred to the local VA offices. In addition, the programs have seen minimal impact from implementation of the Affordable Care Act.

Aftercare planning begins at varying times, depending on the site. Even within the sites, responses tended to differ on when this begins. Most commonly, respondents noted that the process begins early in treatment, and is often loosely incorporated into the treatment plan development. Some reported that it begins a few weeks prior to discharge, but as noted above, it does tend to differ. Clients are usually aligned with mental health services, case management, housing, continuing drug and alcohol treatment, employment/vocational services, and other linkages that will assist in their recovery.

Sites typically do not track outcomes, other than frequencies of successful versus unsuccessful discharges.

***Staffing Patterns and Behaviors***

Morale was said to be good to high within most of the sites that participated in the review. Overall it seems that this stems from having staff that support and respect each other, and flexible, close-knit environments where employees have grown to love the jobs they perform. Some of the sites reported that they also participate in luncheons, award banquets, and other social activities to build cohesiveness. Some management has also been proactive in giving public accolades to individuals who perform well on the job. One site reported that morale was moderate, but this seemed to be due to stress of recently adding several new counselors.

Overall, turnover of staff within these programs is low. At a couple of the sites, it was said to be higher but recently management has gotten this under control. Most respondents reported that the staff they work with truly love their jobs and believe in their work. Typically if a person leaves it is because of career advancement opportunities or for family reasons. Pay was said to be on par with most other service agencies in their region, and many agencies offered strong benefit packages.

The primary issue with line staff within the program tends to revolve around time management. Some respondents noted that some of their peers complain of not having enough time to complete their duties, but often it stems from spending more time talking and doing non-essential activities. There were also multiple reports of staff not being timely with completing documentation and paperwork. The most common and notable issue with management is their availability. Some staff respondents commented on not having enough supervision or access to their supervisors when issues arise.

Respondents reported that if there are negative issues developing with staff, management handles them swiftly, fairly and privately.

***Staff Relationships and Communication***

Staff of the programs tend to have very open communication with each other regarding clients and other issues. Most communicating is done via emails, phones, staff meetings, and one-to-one conversations. It seems though the use of texting and instant messaging is increasing at some sites.

Through the process, interviewees responded that they have solid relationships with their peers. It was said often that there are high levels of trust, support, and acceptance of each other. There were issues brought up regarding some staff not putting in as much effort, which leads to distress with others; however, overall the programs are staffed with employees that have learned to take care of one another. Management was said to be supportive and respectful of their staff, often having open door policies and being approachable to discuss issues. Some suggested that management should do a better job of recognizing hard work of their staff. Peer management is supportive of each other as well, and typically share a common vision. It was pointed out that there are times where they get bogged down with their duties that they do not interact much with each other.

***Professional Development***

The interviewees reported completing 25 hours of annual training, mostly done outside of the agency through DDAP offerings. These trainings typically consist of CPR/First Aid, ethics, confidentiality, safety, and other overarching topics. On top of these mandatory trainings, many of the sites encourage continuing education and trainings for their staff. Some of the sites reported that there are mandatory offerings on-site or in the community that staff must attend, while others reported that though not mandatory they are afforded opportunities to attend. In-house staff are used frequently for internal trainings; one site reported using an on-line program for continuing education. In some cases, the programs may have a set dollar amount for training/education reimbursement that each staff can utilize. Through these additional trainings many staff are able to work towards professional licensures with the backing of their employer.

Respondents noted that while they receive various mandatory trainings, there are several other topics that they could benefit from learning about. These topics include trauma, dual-diagnosis, sex-offenders, gambling, sexual orientation, the sanctuary model, and medical assisted treatment. Though they are common treatment modalities, some reported that they could benefit from learning more about motivational interviewing, dialectical behavioral therapy, and cognitive behavioral therapy.

Counselors typically have achieved a minimum Bachelor's degree, often times needing Master's level to conduct therapy. Other staff positions do not require advanced degrees, however. Upward mobility to other positions varies from site to site; often times if there is movement, it is to another department or program.

***Working Conditions and Technology***

For the most part, respondents feel that their program has ample space in order to conduct the necessary levels of treatment for the clients. However, most of the programs could benefit from additional space to conduct groups and more private offices for counselors. Privacy and confidentiality are issues when counselors share offices or when, in one case, not all have their own phones and must share lines. A couple sites reported that more space would allow the programs to expand. Safety is overall not a pressing concern; however, there were reports of a couple programs being in less-safe neighborhoods. One of the programs performs treatment in homes, and some of these have safety issues.

Technology is made available to staff on varying levels. Not all sites have adopted the use of Electronic Medical Records, for instance. Some programs provide all counselors with their own laptops, while others share computers. A couple of the programs also make computers available to clients. When they do, it is to assist in applying for jobs, educational purposes, or obtaining benefits.

***Program/Agency Perception***

All of the programs and their parent agencies have good reputations within their communities. They are viewed highly by clients, staff, and the community at large. The biggest challenge is the predisposition some have toward suboxone treatment.

***Strengths, Weaknesses, and Opportunities***

Respondents during the process noted several strengths of their programs, often times duplicated by responses at other sites. Most felt that they work with a diverse, caring staff that is well equipped to deliver the treatment to clients. Some of the programs offer varying treatment approaches, which allow for counselors to determine what will work best for the client. The programs also have strong structure and hold clients accountable for their actions.

Programmatic weaknesses varied from site to site, with no overarching problem noted for all participating programs. Weaknesses noted include a lack of formal training/supervision, limited space, no standard treatment model in place, and difficulty monitoring all clients that come through the program.

There are some changes being made within the programs, and opportunities to better the services offered. Women's groups are on the horizon at a couple of sites, as well as a family component of the treatment. Expansion and physical updates of facilities would be welcome. An increased number of specialty groups and offering other evidence-based programs would round out what is already a strong treatment program for those in need.

## Site Contact Survey

The following information is a summary of the responses on the site-contact survey that was distributed with the pre-surveys. The questions found in this part of the process were generated from one person within the program. This was done in an effort to reduce interview time with staff, as these questions historically have generated same-answer responses from all interviewees.

***Therapeutic Intervention***

Sites have varying degrees in which therapy is delivered to the client. Most of the sites offer both individual and group therapy, but in different frequencies. Individual sessions are typically held weekly, and focus on treatment plan goals. Some programs will offer treatment more often if needed, however. Group sessions range from being offered once per month to several times per week, depending on the site. Respondents noted that their specific programs focus more on one type of delivery than the other. For instance, one reporting program noted that they are a 'mobile' therapeutic process and only operates in the individual sessions. Another site reported that most of the treatment is done in group settings. One commonality is use of family groups. While encouraged, it seems that there is no mandatory family engagement during the process. Many programs try to engage the clients in this but often find it difficult to do so.

***Staffing Issues and Complement***

Staffing shortages do not seem to pose an issue to the programs that participated. Usually when they do occur, other staff or management will step up and fill the void. After hours, most sites refer clients to 911 or emergency rooms for assistance. There were a couple of programs that did use on-call staff for after-hours or weekend emergencies. Programs seem to be staffed by an ample number of clinicians, medical staff, support personnel and management to operate efficiently.

***Client Confidentiality***

All sites reported that employees of the programs sign confidentiality forms and attend trainings regarding confidentiality and ethics. Vendors must sign confidentiality agreements, and law enforcement inquiries are typically met with statements of neither acknowledging nor denying the client of question is in the program.

***Program Administration***

The websites for the programs are typically used for information purposes of the program, and to provide contact information. Some are more interactive, as prospective clients can find community linkages and services on the sites as well. The programs accept payment from private insurance,

Medicaid, Medicare, the local SCA, and self-paying clients. Self-pay rates are typically income-based and on a sliding scale.

***Collaboration and Community Interaction***

The programs that participated collaborate with many different agencies in their communities. This is a list of the most common ones that are used for referral purposes. Each site's list of partner agencies can be found in their specific site reports.

- Single County Authority
- Prison
- Probation offices
- United Way agencies
- Rape Crisis centers
- Drug and Alcohol treatment facilities
- Partial Hospitalization facilities
- Psychiatrists/Psychologists
- Hospitals
- Children/youth agencies

## Reviewer Feedback

Upon completion of the site visits, each reviewer was asked to answer questions about the experience. The feedback is utilized to adjust and update the process for the following year. The following is a summary of the responses that were provided.

- ***What did you find to be the most beneficial part of conducting the site review?***

The reviewers reportedly found it interesting to learn about the positive and negative aspects of other programs and to compare the site to their own agency. Reviewers found it refreshing to hear new ideas as well as to learn that challenges and barriers are similar to the ones their own programs experience. The tour of the facility seemed to be a useful part of the overall visit. Some reviewers were able to learn about how to provide services in alternative settings to their own program (in-home versus in-office) and others were able to learn about how different treatment modalities may be utilized to reach the same objectives. Reviewers were pleased to see dedicated employees with positive attitudes.

- ***What questions do you feel should have been included? Any specific areas?***

Reviewers shared some ideas about additional questions to include in future reviews. They were interested in knowing how the program engages clients and decreases no-shows. It was suggested to ask about the average length of stay as well as the role that DDAP plays in the treatment process. Other ideas on topics to include were to identify the program philosophy and beliefs about why and how clients change. Some reviewers were interested in seeing paperwork from the site they visited; rates, policies, treatment tools and resources, and forms were all mentioned.

- ***Were there any problems that you encountered with the process?***

The reviewers shared that the process went smoothly and there were no major issues or problems encountered. A few reviewers commented on the time-consuming and tedious nature of writing down all of the responses. One person noted that one less interview had to be completed due to the staff being out sick.

- ***What are your overall feelings regarding the site that you visited?***

Reviewers had overall positive feelings regarding the sites they visited. They described the programs as solid and diverse, the staff as impressive and invested, and the facilities as warm and inviting. Both staff and management were said to work hard, to show a desire to learn and to improve programming, to work well together, and to be positive and dedicated to serving the needs of their community. The interviewees were generally viewed as honest and open throughout the interviews. While most observations and comments were positive, the reviewers did note a few areas of concern. It was mentioned that one facility was crowded, one facility needed updated technology, one facility is struggling to meet needs due to primarily public funding, and one facility needs to provide more appropriate training.

- ***How could the entire site review process be made better?***

While most reviewers reported that they found the current process fine, some reviewers had some specific suggestions to think about for future review processes. Prior to the site visit, an administrator from the program could provide a program description and information about processes to the reviewers. The actual site visit could be streamlined if the survey tool could be made available in a web-based or electronic format. It was also suggested that the questions could be tailored to clinical versus non-clinical staff. Finally, the sites could benefit from more direct feedback with specific recommendations focused on best practices and innovations for treatment.

## Appendix A and Appendix B

NOTE: Appendix A contains the responses given for each site visit. These individualized reports can be found at the conclusion of each site report. Appendix B contains the Reviewers Guide. To avoid redundancy, this document can be found one time in the back of this binder.