PA DEPARTMENT OF DRUG AND ALCOHOL 2016 PEER REVIEW Cumulative Results

Vivitrol Injection Treatment Programs

pennsylvania
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Prepared by the Mercyhurst University Civic Institute

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Project Methodology

The annual Pennsylvania Department of Drug and Alcohol Programs (DDAP) Peer Site Review initiative was conducted during the spring of 2016. 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. Planning for the annual initiative commenced beginning in the fall of 2015 through winter of 2016, with the actual review process taking place in April and May of the current year.

For the 2015-2016 fiscal year, DDAP chose to review Vivitrol Treatment injection programs. Being a relatively new program, securing sites that would be able to solidify involvement in the process proved to be more difficult than past years. Once the sites were finalized for review, a total of five had agreed to participate, including:

- Jade Wellness Center (Monroeville)
- SPHS Healthcare (Monessen)
- Stairways Behavioral Health (Erie)
- White Deer Run (Allenwood)
- BioCare Recovery (Yardley)

Once DDAP representatives secured participating sites, reviewers were recruited to conduct site visits. The same situation arose when finding reviewers to complete the process; as it is a relatively new program finding enough interested staff to be a reviewer was more challenging than previous years. 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 to 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
BioCare Recovery	Pooja Shaw (Livengrin Foundation)	April 29, 2016
	Amanda Hilzer (Livengrin Foundation)	
White Deer Run	Andrew Vitullo (BioCare)	May 2, 2016
	Erin Hutson (BioCare)	
Stairways Behavioral Health	Kellie McKevitt (SPHS)	May 3, 2016
	Cheryld Emala (SPHS)	
Jade Wellness Center	Lisa Eastman (Stairways)	May 10, 2016

	Erin Mrenek (Stairways)	
SPHS Healthcare	Dana Wible (Cove Forge)	May 12, 2016
	Keith Stevens (Cove Forge)	

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 2015-2016 fiscal year, as it worked well during previous years. This year, however, saw a reconstructing of the site visit interview tool, and development of a streamlined site contact survey to cut back on redundant and/or uncertain answers given by interviewees during the site visit interviews. In addition, those conducting the interviews were given the opportunity to type in their answers via an electronic format, as opposed to writing answers while conducting their visit.

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 Reviewers Guide located in the Appendix of the Cumulative Site Report accompanying this document.

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. The survey was broken down into six sections and 33 total questions based on: Intake/Assessment, Treatment Process, Service Delivery, Aftercare Planning and Services, Staff Operations/Professional Development, and Conclusion/Summary. The complete site visit survey tool can be found in the Reviewer Guide located in the Appendix of the Cumulative Site Report accompanying this document. Interviewee responses can be found in each site's 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. A total of 31 questions based on the following topic area were included: Program Demographics, Intake/Assessment, Treatment Planning, Service Delivery, and Staff Operations. Many of the questions put forth in this survey were quantitative in nature and revolved around programmatic statistics.

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 30th and April 4th) 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.

Immediately after the conference calls took place, 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. Unfortunately, due to the nature of this type of program and the newness of several of them, not all facilities were able to accommodate this number of staff to be interviewed. Once the reviews were completed, reviewers were asked to report back to MCI with review findings by May 20th. 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 2016.

Pre-Survey Results

The first portion of the site review process was the administration of a pre-survey. All staff members associated with the Vivitrol Treatment injection 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. 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 = 20	SA&A	N	D&SD
Staff members cooperate with one another in a way that supports the program.	***100%***	***0%***	***0%***
Our program staff are able to collaborate well with key agencies in our community.	***100%***	***0%***	***0%***
Our program has a clear definition of client success.	***100%***	***0%***	***0%***
Clients are connected with needed aftercare services.	***95%***	***0%***	***5%***
Our program staff take adequate steps to ensure client confidentiality.	***95%***	***5%***	***0%***
Clients are made well aware of the program expectations when they are admitted.	***95%***	***5%***	***0%***
We have adequate staff in place to meet our clients' needs.	***95%***	***5%***	***0%***
Staff begin coordinating aftercare services for clients at the appropriate point in their treatment.	***95%***	***5%***	***0%***
Clients view this program as beneficial to their treatment.	***95%***	***5%***	***0%***

N = 20	SA&A	N	D&SD
My personal workspace is conducive to completing my job responsibilities.	***95%***	***5%***	***0%***
Clients' treatment is adjusted based on their changing needs.	***90%***	***5%***	***5%***
Our agency creates an environment in which professional growth is encouraged.	***90%***	***0%***	***10%***
The interventions utilized are useful in meeting clients' needs.	***90%***	***10%***	***0%***
Staff members are able to build rapport with clients in a reasonable amount of time.	***89%***	***11%***	***0%***
Staff members communicate well with one another.	***85%***	***10%***	***5%***
Our program staff have access to technology as needed.	***80%***	***15%***	***5%***
Staff members have knowledge of the challenges faced by our clients.	***80%***	***20%***	***0%***
Staff members maintain appropriate professional boundaries with clients.	***80%***	***15%***	***5%***
Clients are encouraged to participate in positive social activities.	***80%***	***15%***	***5%***
I trust the professional judgment of my coworkers.	***79%***	***21%***	***0%***
I am satisfied with the training available to staff.	***79%***	***21%***	***0%***
The community has a favorable view of our program.	***79%***	***21%***	***0%***
Staff members feel they are supported by management.	***79%***	***21%***	***0%***
Clients have access to occupational and vocational counseling.	69%	26%	5%
Our program provides clients appropriate access to medical consultations and tests if needed.	65%	10%	25%
Staff members are willing to try new things to improve treatment.	65%	25%	10%
Employee wages and benefits are appropriate and comparable with other similar agencies.	63%	37%	0%
Staff members report a sense of high morale.	59%	41%	0%
Our staff members do a thorough job of assessing clients' problems and needs.	55%	30%	15%
Our physical building is conducive to meeting our clients' needs.	53%	21%	26%

Summary

Overall, 23 of the 30 statements were met with high levels of agreement. Three of the statements were met with 100% agreement or strong agreement; "Staff members cooperate with one another in a way that supports the program", "Our program staff are able to collaborate well with key agencies in our community", and "Our program has a clear definition of client success". Thirteen of the 30 statements 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 was "Our physical building is conducive to meeting our clients' needs", "Our staff members do a thorough job of assessing clients' problems and needs", and "Staff members report a sense of high morale", each with under 60% Strongly Agreeing or Agreeing.

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% of respondents 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 = 20	VS & S	N	SW & W
Intake Process	***100%***	***0%***	***0%***
Professional Development	***95%***	***5%***	***0%***
Technological Access	***95%***	***5%***	***0%***
Management Performance	***95%***	***5%***	***0%***
Treatment Components/ Programming	***95%***	***5%***	***0%***
Peer Staff Relationships	***90%***	***5%***	***5%***
Perception within Treatment Community	***89%***	***11%***	***0%***
Working Conditions	***85%***	***15%***	***0%***
Relationships with Other Agencies	***85%***	***15%***	***0%***
Staff- Management Relationships	***84%***	***5%***	***11%***
Aftercare Planning	***84%***	***16%***	***0%***
Communication	***79%***	***16%***	***5%***
Staff Professionalism	***79%***	***16%***	***5%***
Treatment Planning	***79%***	***21%***	***0%***
Staff Morale	69%	26%	5%
Staff- Client Relationships	68%	32%	0%

Summary

Fourteen of the 16 topics were said to be very strong or strong within the respondents' corresponding agency. Six of the topics had 90% or more of respondents saying their agency is strong or very strong in this area: Intake Process, Professional Development, Technological Access, Management Performance, Treatment Components/Programming, and Peer Staff Relationships.

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 Contact Survey

One of the three methods of collecting information on participating sites was the distribution of a survey to site-contacts which sought out general overview data and information on their program. The questions found on this survey consisted of both qualitative and quantitative statistics and answers. In previous years' Peer Reviews, many of these questions were asked to all interviewees in the site interviews. Due to redundancy and many interviewees not knowing how to answer when asked about program numbers, it was decided to streamline the process and seek answers from only the site contacts. The following is a summation of this sites responses to the site-contact survey.

General Program Statistics:

Percentage of clients that are treated with VIVITROL for:	
Opiates Use Only	52 - 95% (range across sites)
Alcohol Use Only	16 - 40% (range across sites)
Both Opiate and Alcohol Use Simultaneously	5 - 15% (range across sites)
Does your program currently have a waiting list?	NO – 3; YES – 1
If YES to a waiting list, how many are currently on this list?	The YES reported 25
Have you ever had a waiting list in the past?	NO – 3
Do you foresee having to use a waiting list in the future?	NO – 3
What is the average number of clients in the program at any time?	10 – 250
What is the maximum number of clients the program can administer?	50 – 315

Intake/Assessment:

Estimated percentage of clients in the program that experience depression/suicidal tendencies…	
…PRIOR to beginning treatment	10 - 98% (range across sites)
…AFTER beginning treatment	0 - 40% (range across sties)

Please describe your program's process for assuring clients have completed detoxification prior to beginning treatment.
Clients always start off with urine drug screens; Naltrexone is often utilized to begin treatment as well; programs encourage to participate in other support services as a common practice

What methods does your program use to counsel patients during intake about the detoxification process?	
Verbal **YES - 4**	Distribute written materials for review **YES – 4**
Conduct urinalysis tests **YES – 4**	Other

Treatment Planning

Positions allowed to administer VIVITROL in the program, and number of each:	
Nurse	1 – 10 (range across sites)
Physicians/Medical Providers	1 – 6 (range across sites)
Other positions that assist in the administration of VIVITROL without directly administering it?	
Provider – completes evaluation, provides documentation for authorizations Therapists – provides education and support Vivitrol Coordinator- schedules, conducts pre-injection screens, writes follow-up notes Front office staff – coordinates prior authorizations, orders supplies, reminds patients of appointment, etc	

To what extent is Hepatoxicity tested for in your program?
Labs are completed prior to starting medication and throughout treatment – continual monitoring by physicians and medical staff is common; variance on how this is handled however based on whether or not program in outpatient or inpatient
How is treatment adjusted if a client tests at high levels of liver damage?
Typically physicians will review options with patients; in one case clients will not be administered the Vivitrol injection
Does your program test for other drug side-effects? Note any specific testing that is done
We monitor for depression, weight loss, and injection site reactions; all programs use the standard urine drug screens

Service Delivery

Please provide the estimated percentage of the following payment methods that clients utilize for VIVITROL treatment.	
Federal Affordable Care Act Insurance	9%, 40% reported
PA Dept of Human Services Medical Assistance	80%, 80%, 87% reported
Private Insurance	3%, 19%, 20%, 60% reported
Single County Authority funds	One site reported <1%
Self-pay clients	Two sites reported <1%
Financial Assistance/Cost Deferment	One site reported 1%

For self-pay clients, how is the fee determined?
There is a sliding scale fee for treatment; medication is typically purchased through outside pharmacies and often prices are set by those institutions
What are some of the primary challenges that the program has in terms of insurers paying for VIVITROL treatment?
Pre-authorization processes, not understand state codes and regulations
What is the typical length of treatment that a client can receive VIVITROL injections within your program?
Varied greatly, but often up to one year

What percentage of clients….	
Successfully complete their injection schedule	70 - 95% (range across sites)
Are successfully transitioned to other treatment recovery services	10 - 100% (range across sites)
Do not finish their injection schedule	5 - 30% (range across sites)

For those that do not finish their injection schedule, what percentage of the following are reasons that treatment was suspended?	
Facility recommendation for treatment not working	One site reported 3%
Patient request/voluntarily terminates treatment	5 – 98% (range across sties)
Joint decision between facility and patient	50%, 73% reported
Lack of funds to continue	2%, 20% reported
Lost contact with patient	15%, 50% reported
Patient suffering from side effects	One site reported 1%
Improper client behaviors	One site reported 2%
Other	

Please indicate if your program collaborates with the following agencies/areas and if they are a referral source

# of sites reporting each is noted in the corresponding boxes….	**Referral Source Only**	**Partner Agency Only**	**Referral Source and Partner Agency**
Single County Authority	1	1	1
Probation Offices	2	1	1
M.A.T. providers	1	1	1
Other D&A facilities		3	1
Partial Hospitalization facilities		3	1
Psychiatrists/Psychologists in private practice		2	1
Local hospitals	2	2	1
Other			1

For each of the following, note any strengths that you can identify in the partnership	
Single County Authority	Training and support
Probation Offices	Able to assist with client compliance in attending appointments
M.A.T. providers	Coordination and continuum of care
Other D&A facilities	Sharing patient information, making referrals, providing client choice
Partial Hospitalization facilities	Referrals and providing client choice
Psychiatrists/Psychologists in private practice	Referrals and providing client choice
Local hospitals	Continuum of care and medical support
Other	

For each of the following, note any weaknesses that you can identify in the partnership	
Single County Authority	Inability to assist all
Probation Offices	Caseloads too high for offices
M.A.T. providers	Some do not support non-MAT treatment
Other D&A facilities	Communication and lack of MAT knowledge
Partial Hospitalization facilities	Communication and lack of MAT knowledge
Psychiatrists/Psychologists in private practice	Communication and lack of MAT knowledge
Local hospitals	Communication and lack of MAT knowledge
Other	Communication and lack of MAT knowledge

What is the client no-show rate for treatment services?
0 – 10% (range across sites)
Primary reasons that clients miss their appointments
Work, other obligations, lack of transportation, lack of child care, disinterest/not ready for recovery; reminder calls are made and staff reminds clients of future appointments when at the clinic; client transportation; relapsing;
What does your program identify as constituting a successful discharge
Successfully complete their level of care including attending and participating in their recovery, develop positive coping skills, develop a support system, obtain a sponsor, and maintain sobriety; client is confident in recovery and has established a strong peer support system; meet treatment goals
How does your program handle client emergencies/crises?
Can be scheduled to see staff, and staff will work with other providers to find the appropriate level of care, call crisis services, assist in admission to hospital or inpatient program; utilize local resources; on-site providers sometimes used buy often sent to local hospitals

Staff Operations

How many of each of the following staff classifications work within the VIVITROL program?	
Medical Staff	1 – 3 (range across sites)
Clerical Staff	1 – 10 (range across sites)
Administrative Staff	1, 2 reported
Management	2 – 4 (range across sites)
Other	

How does the program cover staff shortages due to vacation, illness, turnover, etc?
Supervisors will often take client appointments, other clinical staff will assist in coverage
Are there staffing issues that the program regularly faces?
Not enough nursing hours
What specific outcomes does your program track?
Has medication increased depression rate, cravings, and effectiveness of medication at each injection; any relapses ; clinical staff completes follow-ups with clients; looks for satisfaction with services

Site Review Summary

The peer site reviews of the Vivitrol injection programs were completed during the Spring of 2016, specifically from April 29th through May 12th. A total of five sites participated in the process; the ten reviewers who conducted the site visits were from five sites as well, including three of which were being reviewed. The following is a summary of cumulative findings from the interviews conducted. Individual site reports can be found elsewhere in the final report, as well as a consolidated version of the site survey tool containing all of the answers for each site can be found in Appendix A.

Intake

Referrals into Vivitrol injection programs come from many sources, but self-referrals tend to be the most prominent source, followed by other detox or drug and alcohol programs. Other sources cited include family members, primary care physicians, and the criminal justice system. All of the programs conduct thorough screenings for appropriateness of admission into the program. If admitted, the typical protocol includes both a psychiatric evaluation and physical. Medical and physical history is collected as well. Oftentimes clients will be given oral doses of Naltrexone immediately to 'hold them off' until all authorizations are finalized for the Vivitrol treatment.

Individuals who receive Vivitrol treatment can often experience depression. All of the sites reported that they do screen for symptoms of depression, but how they manage this if found differs among sites. Some refer to outpatient programs, while others deal with it internally prior to administration of Vivitrol.

Treatment Process

Delivery of Vivitrol does not stand by itself as treatment. Programs reported having integrated mental health components to assist in combatting addiction as well as other issues. Outpatient group and individual treatment is prevalent with all the programs, while others work with clients in inpatient programs as well. Family therapy is not typically a focal point of services offered; however, some sites will offer family services if the client wishes or requests. Blended case management may also be offered to assist clients with managing services. All of the programs reported that Vivitrol education is important throughout, and clients also are encouraged to participate in AA/NA programs.

Depression and suicidal tendencies are a serious concern among those using Vivitrol. Though screened upon intake, staff consistently monitor for symptoms. If symptoms should appear, programs differ on how they handle the situation, but all have plans in place to address it. In some cases, the injection schedule may be halted; others make referrals to a higher level of care. Outside agencies such as Crisis Services may also be brought in to interact with the client. Though monitored for, the development of depressive or suicidal symptoms does not seem to be problematic at this time.

Interviewees were asked to describe some of the unique aspects of Vivitrol administration that set their program apart from others. Some programs offer a continuity of care to all patients, and having strong medical and psychiatric staff make the process stronger. The sites reported having dedicated staff that work hard on educating clients and providing other MAT programs when needed.

Use of treatment plans varies across sites, with some utilizing a very detailed, goal oriented process that incorporates both medical and mental healthcare. The main components are reportedly maintaining abstinence and working on identifying 'triggers' leading to use. Clients also focus on attending sessions and learning coping skills. One of the sites reported that their treatment plan process could be vastly improved upon, while another noted that they do not use formal plans but that all information is traced in medical charts. The clients at the latter site stem from the agency's residential program, however.

Service Delivery

Interviewees were asked to note any best practices that the program incorporates. Interviewees were not able cite any evidence-based practices that have been adopted; however, interviewees commented on many components of their offerings that stand out as exemplary. Education component, offering mental health with Vivitrol, collaboration with medical staff, and continuation between levels of care were cited.

The delivery of Vivitrol can be problematic at times. The two most cited barriers that must be overcome are waiting for authorizations from all third-parties (especially insurance companies) and obtaining Vivitrol from pharmacies. The latter has proven to be a difficult process, and in some cases when dealing with out-of-state pharmacies, there are requests made to programs which cannot be met due to state regulations. Coordination of care with outside agencies can also prove to be problematic.

Clients often need reminded of their appointments. Note/reminder cards, text messages, and phone calls are the most prominent method used to remind clients. For those that also offer counseling services, the therapist may also remind the client in a session prior to their next injection. No method has proved to be fool-proof however.

Aftercare Planning and Services

Aftercare planning, while offered in some capacity at all sites, is not as developed as with other drug and alcohol programs due to the nature of how Vivitrol is offered on a schedule. At a couple of the agencies, clients may have access to needed services which makes aftercare seamless. Most programs, however, refer clients to private therapists or other MAT providers/programs. Referrals to AA/NA meetings are the norm as well. In some instances clients work with program staff while on the injection schedule to secure needed services prior to discharge, such as housing, employment, etc.

Staff were asked to identify what defines a successful discharge from the program. Common answers include meeting treatment goals, identifying a support system, and lessening a 'craving' to use. Improving the aftercare planning process would entail identifying specific criteria for graduating off of Vivitrol, better communication with outside agencies, and having dedicated staff that work with clients on aftercare planning.

Staff Operations/Professional Development

Interviewees were asked a series of questions pertaining to the functioning of their work environment. Those interviewed were asked about how technology was utilized in the program. Electronic Medical Records are widely used, and staff seem to have access to all of the needed technology tools to complete their duties.

Staff did not have issues regarding their workspace, often reporting that it was adequate to do their job. There were a couple interviewees that noted their programs were housed in drab buildings that are not welcoming to clients, and that medical offices where injections are given could be upgraded.

Most staff have training available to them throughout the year. Unfortunately their daily duties take up so much time that many cannot get away for those trainings other than the mandated ones. Programs do make a point to offer stipends/reimbursements to those who do find time to attend trainings.

Though everyone tends to get along well within their department, communication amongst each other can be an issue at times. As for their workload, staff have to deal with a sizable amount of paperwork and struggle to keep up with authorizations. Additional staff to help out with medical treatment and paperwork were suggested.

Staff morale was said to be high throughout the sites. Though workload is high and staff levels are small, there tends to be 'family' atmospheres in their workplaces, and everyone helps each other out if needed. Some of the sites incorporate team-building exercises and functions into their calendar to keep staff happy. Issues that were brought up included a lack of access to clinical supervision and poor internal communication.

Conclusion/Summary

Interviewees were asked to identify the top strengths of the program that could be models for others. The number and variability of responses varied extensively from site to site, and these can be found in the individual reports. The most common response was that of offering MAT services.

Interviewees were also asked to identify weaknesses of the program. Most commonly noted were lack of staff and dealing with authorizations and waiting for medication. In addition to weaknesses, interviewees were asked to note the most burdensome tasks required of their job. The most noted burden was the amount of paperwork that needed to be completed and how it impacts everything else.