PA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS 2018 PEER REVIEW Cumulative Summary

Halfway Houses

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 2018. This process, which is a requirement mandated by the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) 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 took place in the fall of 2017 through winter of 2018, with the actual review process taking place in April and May of 2018.

For the 2017-2018 fiscal year, DDAP chose to review Halfway Houses. It has been over a decade since this provision of service was last selected as the program to be reviewed. With the adaptation of new treatment modalities and a change in population and drugs of choice since then, it seemed beneficial to focus the review on this service. A total of five programs had agreed to participate in this year's process.

Once DDAP representatives secured participating sites, reviewers were recruited to conduct the 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 were matched to sites by geographical proximity, as 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
PA Organization for Women in Early Recovery (Pittsburgh)	Tanaya Curenton and Crystal Kind (The Moffett House)	May 23
The Moffett House (Beaver Falls)	Leslie Slagel and Nishauna Ball (PA Organization of Women in Early Recovery)	May 31
New Directions at Cove Forge (Johnstown)	Leslie Slagel and Nishauna Ball (PA Organization of Women in Early Recovery)	May 24
Pine Ridge Manor (Tyrone)	Marsha Zablotney and Krystal Webb (New Directions at Cove Forge)	May 11
Retreat at White Birch (Simpson)	Melanie Dotts (Pine Ridge Manor)	May 16

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, work processes, and organizational behavior, while placing less emphasis on statistics and demographic data.

The peer review process consisted of three data collection tools. The first two were distributed pre-site visit and centered on gathering preliminary information. The first piece was a pre-survey that was designed to gather input from all staff at each program, not just those who would be interviewed during the site visit. The survey consisted of 30 statements about various program traits on which respondents were asked to note their level of agreement using a Likert Scale. In addition, the survey consisted of 16 topics on which the respondents were asked to use a Likert Scale to rate their agency's performance. To maintain anonymity (partially stemming from small staff sizes at some participating sites), the surveys would be analyzed across all site reviews, as opposed to being site-specific. Coinciding with the pre-survey was a director's survey. The purpose of this tool was to gather statistical information on the program and its performance that would not be relevant to those being interviewed. Copies of these tools can be found in the Appendix.

The third tool was used for gathering information during the site visits 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 five sections and 27 total questions based on: Intake, Client Interaction, Treatment and Services, Staffing and Administration, and other miscellaneous topics. 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 order to prepare the reviewers for the site visits, an in-depth reviewer's guide was developed and sent to participating reviewers. This guide included all materials needed to conduct the review, pertinent contact information, reimbursement forms, interviewing tips, and a copy of the site visit survey tool. Reviewers were asked to participate in one of two conference calls (April 16th or April 19th) led by MCI staff. The conference calls were set up to review the training manual, questions on the site visit survey tool, and 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, if possible. Once the reviews were completed, reviewers were asked to report back to MCI with

review findings by May 31st. 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 in June 2018.

Pre-Survey Results

The first portion of the site review process was the administration of a pre-survey. All staff members associated with the Halfway House programs reviewed were asked to participate. The pre-survey focused on organizational and operational behaviors within each 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 from some of the programs. 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 to 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**. 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) are 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 = 38	SA&A	N&NA	D&SD
Staff members are able to build rapport with clients in a reasonable amount of time.	*89%*	*5%*	*5%*
Clients are made well aware of the program expectations when they are admitted.	*87%*	*13%*	*0%*
Our program provides clients appropriate access to medical consultations and tests if needed.	*87%*	*11%*	*3%*
Our staff members do a thorough job of assessing clients' problems and needs.	*87%*	*13%*	*0%*
Clients' treatment is adjusted based on their changing needs.	*87%*	*8%*	*5%*
The interventions utilized are useful in meeting clients' needs.	*84%*	*13%*	*3%*
Clients are connected with aftercare services.	*84%*	*14%*	*3%*
Clients are encouraged to participate in positive social activities.	*84%*	*11%*	*5%*
Our program staff are dedicated to maintaining client confidentiality.	*82%*	*13%*	*5%*
Staff begin coordinating aftercare services for clients prior to discharge.	*76%*	*22%*	*3%*

N = 38	SA&A	N&NA	D&SD
Staff members have knowledge of the challenges faced by our clients.	71%	26%	3%
My personal workspace is conducive to completing my job responsibilities.	71%	13%	16%
Our program staff collaborate well with key agencies in our community.	71%	21%	8%
Staff members are willing to try new things to improve treatment.	70%	22%	8%
Our program staff have access to technology as needed.	68%	11%	21%
Clients have access to occupational and vocational counseling.	68%	19%	14%
Clients view this program as beneficial to their treatment.	66%	24%	11%
I trust the professional judgment of my coworkers.	61%	26%	13%
Staff members maintain appropriate professional boundaries with clients.	61%	24%	16%
Our program has a clear definition of client success.	61%	34%	5%
Staff members cooperate with one another in a way that supports the program.	59%	27%	14%
I am satisfied with the training available to staff.	58%	24%	19%
Our physical building is conducive to meeting our clients' needs.	57%	32%	11%
Our agency creates an environment in which professional growth is encouraged.	57%	14%	30%
Staff members communicate well with one another.	51%	32%	16%
The community has a favorable view of our program.	51%	38%	11%
Staff members feel they are supported by management.	50%	21%	29%
Staff members report a sense of high morale.	46%	30%	24%
We have adequate staff in place to meet our clients' needs.	43%	27%	30%
Employee wages and benefits are appropriate and comparable with those at similar agencies.	***21%***	***26%***	***53%***

Summary

Overall, 10 of the 30 statements were met with high levels of agreement. The statement with the highest level of agreement was "Staff members are able to build rapport with clients in a reasonable amount of time", with 89% or respondents either Strongly Agreed or Agreed. Four statements were met with 87% high level of agreement: "Clients are made well aware of the program expectations when they are admitted"; "Our program provides clients appropriate access to medical consolations and tests if needed"; "Our staff members do a thorough job of assessing clients' problems and needs"; "Clients' treatment is adjusted based on their changing needs." One of the statements was identified as being high disagreement or low agreement (in this case both, with 21% level of agreement and 53% level of disagreement): "Employee wages and benefits are appropriate and comparable with those at similar agencies."

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. Though there were not any of the following identified, 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,** and 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) are 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 = 38	VS & S	N & NA	SW & W
Staff-Client Relationships	73%	27%	0%
Treatment Components/ Programming	65%	27%	8%
Intake process	65%	30%	5%
Treatment Planning	63%	34%	29%
Perception within Treatment Community	62%	35%	3%
Working Conditions	59%	22%	19%
Professional Development	59%	22%	19%
Staff- Management Relationships	59%	27%	14%
Relationships with Outside Agencies	59%	35%	5%
Management Performance	57%	27%	16%
Co-worker Relationships	57%	35%	8%
Staff Professionalism	57%	30%	14%
Communication	56%	33%	11%
Aftercare Planning	55%	33%	11%
Technology Access	43%	24%	32%
Staff Morale	38%	41%	22%

Summary

None of the topic areas were met with either high levels of agreement or levels of disagreement. The highest rated area (73%) was Staff-Client Relationships, while the area with the lowest level of performance was Staff Morale (38%).

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.

Cumulative Site Review Summary

The peer site reviews of Halfway Houses were completed during May of 2018, as the culmination of the entire process which took place from December 2017 through June 2018. Specifics regarding dates of reviews and reviewer-site pairings can be found in the project methodology section of this report. This report is a generalized summary of system-wide findings from the reviews. Individual site-specific reports were created for each program that participated in the process.

Topic 1: Intake

Across sites, interviewees were asked to identify what works well with their intake processes. Respondents typically felt that their processes work well and are effective. In most cases the clients are made to feel welcome immediately. Some programs noted that the intake process itself does not take a long time; however, the assessment process is often added on and can draw the process out.

There are a few roadblocks that cause difficulty in the process at times. The most notable issues that cause difficulty are the redundancy and significant amount of paperwork that is required for intake. Often times, proper paperwork is not completed or submitted by the program that the client is arriving from. Clients are often dishonest with their answers during the process; respondents suspected that this is for fear of being denied services.

The interviewees were asked what they could recommend to make the intake process better. The most frequent suggestion was reducing the amount of paperwork required. Another comment given multiple times was dealing with dishonesty in clients; however, no one had ideas on how to circumvent that issue.

Topic 2: Client Interaction

The second section of questions pertained to client needs and behaviors. Respondents noted that other than treatment, housing tends to be one of the most pressing needs of their clients. In many cases, clients enter the program homeless; others have difficulty finding affordable, stable, and safe housing. Respondents also cited the need for mental health services as critical to their client's well-being. Other top needs are employment and vocational services, life skills, and transportation, among others.

Upon entering the program, clients seek to achieve more than sobriety. Educational achievement and gaining meaningful employment are important. Many clients have burned bridges with their families so they wish to reconnect and rebuild relationships. Rebuilding these relationships appears to be important to anyone who is engaged in services.

Interviewees were asked to discuss client behaviors, attitudes and attributes. Successful clients typically are open, honest and gracious. They are willing to work hard at their recovery efforts, follow rules, and do what is asked of them. Those that are unsuccessful typically have a sense of entitlement, possess a poor attitude, and do not respect authority. More often than not, unsuccessful clients are in their program because of external motivators, such as court sentencing.

Topic 3: Treatment and Services

Interviewees were asked if they find that clients benefit from completing and updating treatment plans, as well as what evidence-based practices are offered. Clients are able to gain ownership of their treatment and address varying needs throughout the processes. The plans also help to keep clients on track for completing what is required of them. Overwhelmingly, this is a helpful process; however, it was said that administrative plan requirements can weigh down needed treatment. The programs engage clients in many traditional evidence-based practices including Motivational Interviewing, Reality Therapy, Cognitive Behavioral Therapy, and the 12-step program.

Successful discharges are most commonly defined by clients meeting most or all of their treatment goals and having a safe and sober place to return upon release. Other aspects defining success include reconnecting with family, gaining and maintaining employment, and gaining financial stability.

All of the programs assist clients with their aftercare; some do more than others. At minimum, the programs assist in lining up services for a client upon discharge. Many are more engaged in the process and conduct follow-ups to assure the client is doing well. Programs often set up mental health services and other appointments when a client is released. In order to improve the discharge processes, respondents suggested that sites could benefit from a designated discharge planner or case manager to handle such duties. Others suggested more rapid access to mental health services and starting the process earlier while at the halfway house.

While in treatment, clients also may be in need of other skill development or assistance to help them in their recovery. Respondents were asked how the following may be included in their programming. These are summaries of the results given during the visits:

- *Vocational Assessments:* programs do assess for these needs, but will make referrals to OVR for better services
- *Job Readiness/Placement:* life skills coordinators are often used, but outside providers are most frequently used for the actual services
- *GED Prep/Testing:* common sources utilized are county-based programs, OVR, and local schools
- *Literacy and Basic Education Tutoring:* common sources utilized are the local libraries, community colleges, and adult literacy programs
- *Medical Care:* a couple of the sites have medical staff that come in regularly to examine clients, another benefits from a doctor's office across the street; all refer out for services in the community
- *Dental Care:* most programs have relationships with dentist offices in the community they can refer clients to if needed
- *General Health Education:* programs utilize nutritionists, lectures, and life-skills classes to address this topic
- *Budgeting:* the most common way to address this area is through life skills courses; a couple programs use outside sources such as banks to work with clients
- *Credit Restoration:* if offered, it is usually done so through life skills courses
- *Housing Assistance:* most communities lack affordable housing; staff will assist however possible, and some programs have ¾ houses for clients to reside in upon discharge
- *Income Support:* there are limited resources other than the incidental support some programs offer; however, some programs will use local churches for vouchers
- *Recreational/Social Activities:* the programs seem to make the most of having limited funds in this area as clients are able to use local parks and YMCAs for recreation when time is earned; many programs also hold picnics for their clients

In addition to these needs, some clients may be in need of additional services which may better help the client in their recovery. For each of the following, respondents were asked to identify how their program assesses a need and to what degree they help the client. The following are summaries of responses given during the site visits:

- *Child Care:* none of the programs offer anything onsite, but if there is an identified need, they will refer to the community

- *Basic Needs:* local churches, non-profit programs such as Dress for Success, or thrift shops are used quite often
- *Transportation:* clients are often transported to appointments if needed, if there is availability; others will ask friends or utilize public transportation for rides
- *Physical Health:* staff of programs will typically refer out to appointments in the community
- *Mental Health:* most services are rendered in the community, but a couple programs have access to psychiatrists on-site who will conduct assessments and work on medication management
- *Educational/Vocational:* some internal assessments are done by staff, but most efforts are referred out to CareerLink or OVR
- *Legal Services:* this usually is not addressed by staff in house, but outside sources such as paralegals, probation staff, and legal aides may be used as resources
- *Housing:* most communities lack affordable housing; staff will assist however possible, and some programs have ¾ houses for clients to reside in upon discharge
- *Employment:* most sites rely on CareerLink, but staff will assist when they can
- *Family/Social Services:* referrals are made to appropriate agencies, and therapists will help clients maintain contact with their families if possible

Interviewees were then asked to describe the working relationship that they have with each of the following community-based entities. The following are summaries of responses from the site visits:

- *Criminal Justice:* most have a good relationship with the local systems
- *Managed Care:* they work closely and have solid relationships with these entities, including CCBH, Value, and Magellan
- *Child Welfare:* programs typically engage child welfare on a case-by-case basis; when needed, there usually is good interaction
- *Medical Facilities:* many communities have access to services at local hospitals or in-house medical offerings through their primary agency
- *Mental Health Programs:* some of the programs offer services in-house, while others refer clients to community-based programs
- *EAPs: there is little to no use of these programs*
- *Other:* no answers were given

Topic 4: Staffing and Administration

Interviewees were asked about their current workload. Staff levels for most sites are adequate, but there is a need for extra staff at times. Some said they would benefit from case managers and/or counselor assistants. Another issue regarding workload tends to be the high amount of paperwork that is required to be completed. There were a couple instances in which interviewees expressed concern for not having enough time to conduct therapeutic sessions.

There are some reported behavior issues with staff at the programs. Oft-mentioned issues include burn-out, boundary issues, and favoritism. Morale varies between sites, from good to low. There were a couple reports that staff and management were not on the same page. To improve staff functioning, it was suggested to hire new staff, address paperwork issues, and provide team building opportunities, among other ideas.

Regarding trainings, most felt that the DDAP-required trainings are beneficial, though they are "in need of a refresher" and are "hard to sit through." There are non-DDAP trainings available that respondents felt were worthy, including on topics such as eating disorders, diversity, co-occurring disorders, and Mental Health First Aid. Other trainings topics that staff would like to see offered include trauma informed care, cultural diversity, special populations, drug trends, self-care, and nutrition, among other topics.

Topic 5: Miscellaneous Assessment Issues

Interviewees were asked what their program does that makes it effective and what other programs can learn from it. Responses most commonly included offering a strong program based on the 12-step process, and supporting this with many individual and group sessions to address the client's needs. Program staff are committed to helping the clients, are dedicated to the work they do, and offer support to clients throughout the process.

When asked what could be done to improve the program, several ideas were shared. Some wish for more cohesive staff relationships and setting better expectations for staff. Others believe that their program could benefit if they were better at helping clients "get off the ground." And as usual, more funding and increased staff levels would also help.

Programs are viewed, for the most part, positively in their communities. There are a few cases or instances that cause concern for staff, however. At times clients may misbehave in the community and that causes some members in the community to see the program negatively.

Reviewer Feedback:

After conducting the peer reviews, the reviewers were asked to provide feedback on the site that they visited. Overall, the process tended to go as expected to the reviewers, as there were no issues that arose during the site visits. The sites were prepared for their visits, though some did not have the requested six staff available that day to be interviewed. Suggestions to improve the process included adding questions geared towards non-clinical staff and providing paperwork and information to visiting staff prior to the interview.