

Pennsylvania Bureau of Drug and Alcohol Programs

2009-2010 Peer Review Process

Outpatient Use of Buprenorphine for Detoxification

Cumulative Site Results

Prepared by the Mercyhurst College Civic Institute

DEPARTMENT OF
HEALTH

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Project Methodology

The Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs (BDAP) conducts a Peer Site Review initiative on an annual basis. This process, which is a requirement mandated by federal and state funding streams, focuses on a different program type each year. During the process, a minimum of 5% of sites offering this type of service must be reviewed by peers from like agencies.

For the 2009-2010 fiscal year, BDAP chose to review Outpatient Programs Using Buprenorphine. The following five sites participated in the review process:

- Berks Counseling Center (Reading)
- Carbon Monroe Pike Drug and Alcohol Commission, Inc. (Stroudsburg)
- Center for Addictive Diseases (Exton)
- Fayette County Drug & Alcohol Commission (Uniontown)
- SPHS Connellsville (Connellsville)

Once BDAP representatives solidified participating sites, they recruited reviewers 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 activity. Participants also develop network resources that can be used in their professional careers. The following are the sites reviewed, with date of the review and site reviewers.

Site	Reviewers	Date of Review
Berks Counseling Center	Mary Martin & Mallory Ward	May 17 th
Carbon Monroe Pike Drug and Alcohol Commission, Inc.	Nancy Kerner and Mary Lynn Makar	May 4 th
Center for Addictive Diseases	Mallory Ward and Shirl Evans	May 10 th
Fayette County Drug and Alcohol Commission	Melinda Campopiano and Stephanie Madl	May 18 th
SPHS Connellsville	Dona Dmitrovic and Brian Reese	May 19 th

The Mercyhurst Civic Institute (MCI) has been assisting BDAP 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. BDAP representatives and MCI staff worked together to restructure the review process, focusing more on qualitative information such as strengths, weaknesses, and organizational behavior, and 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. Since this process

worked well for past fiscal years, the MCI utilized a very similar methodology for the process in the 2009-2010 fiscal year.

The first step for gathering information from each of the sites was the distribution of an in-depth tool referred to as the pre-survey. The pre-survey allowed a greater number of staff to have input in the review process and supplemented the data collected from the questionnaire conducted during the site review. In part one of the pre-survey, participants were asked to identify their level of agreement with each of the 50 statements by circling the corresponding number on a five-point scale. In part two of the pre-survey, respondents rated their agency's performance in a variety of areas on a scale varying from strength to weakness. Part three of the pre-survey asked respondents to rate their agency's performance in each of 11 areas related to the PA Department of Health's licensing requirements. A copy of the pre-survey can be found in the Reviewer Guide. Due to the staffing patterns in the outpatient Buprenorphine programs at the agencies, only a few pre-surveys could be completed at each location. In order to maintain anonymity, only the cumulative results were analyzed and reported.

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. Twenty-one core components (i.e. treatment planning, communication, staff morale, program and agency perception) were identified, with numerous questions listed for each area. Interviewees were also asked about strengths, weaknesses, and future opportunities for their program and agency. Reviewers interviewed six employees at each site and were expected to spend approximately one hour on each interview that was conducted during the site visit. The complete site visit survey tool can be found in the Reviewer Guide. Interviewee responses can be found in each site's individual reports.

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. Also, reviewers participated in one of two conference calls (April 16th or April 21st) 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, a letter was sent out to site contacts informing them that a reviewer would be in contact within the next two weeks to set up a date for the visit. In addition, the letter requested each site to have the following documents available to the reviewers as applicable: organizational chart, referral process flow chart, copy of strategic plan (or organizational goals if utilized), written mission and vision statements, and a program/facility brochure. Site contacts were also asked that reviewers have access to interview six staff- three line staff and three management staff - on the day of the site review.

Reviewers were asked to report back to MCI with review findings by the end of May. MCI staff then compiled final results for each individual site as well as an overall analysis. A final report

was compiled and delivered to BDAP officials at the end of June 2010. Because of the limited number of staff working within these programs, the requested number of line staff and managers to take part in the interviews was not always possible. Therefore, the mix of staff reviewed varied per site.

NOTE: The following summary of cumulative results does not relate to any one specific site. The statements made are generalizations based on cumulative data, and may or may not reflect the overall operations of any program in particular. The reader should understand that the information in the site-surveys was given by a sample of staff members at each site, and may or may not reflect the overall feeling of all staff working within the program or agency.

Pre-Survey Results

The first portion of the site review process was the administration of a pre-survey, which all staff members associated with the outpatient Buprenorphine treatment at each of the five reviewed sites were invited to complete. The pre-survey focused on organizational and operational behaviors within the facility. 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.

Part One

Part one of the pre-survey consisted of a list of 50 items, and 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. 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, while 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) were not supported by the respondents. These percentages were chosen only for sampling purposes. The complete table of statements with the computed level of agreement can be found at the end of the report.

High Agreement Statements

- Services are provided in accordance with the treatment plan.
- Our staff members do a thorough job of assessing client problems and needs.
- Staff members share ideas and thoughts regarding treatment.
- Clients are encouraged to develop social supports outside of the program.
- Staff members have knowledge of the problems experienced by our client population.
- Group sessions are effective in treating our clients.
- Staff members are willing to try new things to improve treatment.
- Staff members are able to build rapport with clients in a reasonable amount of time.
- We typically adjust client treatment based on their changing needs.
- Staff members make exemplary role models for the clients in our program.
- Staff members contribute to the team by doing their share of the work.
- Our facility is safe for clients, staff, and visitors.
- The objective and goals of treatment are understood by our staff.
- Our facility helps clients with their aftercare planning.
- Program staff understand how this program fits as part of the treatment system in our community.
- Resources are available for me to perform my expected job duties.
- Clients view this program as being beneficial to their treatment.
- Clients receive the best services possible at our facility.
- Our agency is committed to providing the highest level of service as possible.
- We place an appropriate amount of focus on relapse prevention.

- Clients' families are encouraged to participate and support clients as relevant.
- There are open discussions about program issues.
- Medication administration and documentation is accurate.
- Staff members are able to cooperate with one another in a way that supports the organization.
- Clients participate in programs at the expected level.
- Staff members adhere consistently to the policies and objectives of the organization.
- Our facility tracks and evaluates the progress of clients in a useful manner.
- Management possess a great deal of administrative knowledge.
- Our staff members are able to work with clients from a variety of cultural backgrounds.
- I have complete trust in the professional judgment of my coworkers.
- There is adequate space available for staff to conduct their job duties.
- Interventions are matched to the client's current stage of change.
- Our staff members accurately match client needs with services.
- Our facility uses outcomes and program measurements to document program effectiveness.
- Our organization and clinical staff are highly regarded in the community.
- Our facility is always clean and orderly.
- We are able to meet the needs of our clients with the services currently offered.
- Staff members spend an adequate amount of time with clients.
- Management possess a great deal of treatment knowledge.
- The working conditions are conducive to completing my job duties.
- Program staff are always informed of therapeutic decisions that affect clients.
- We have an active board of directors.
- I am satisfied with the training available to staff.

Low Agreement Statements and High Disagreement Statements

There were not any pre-survey items for which less than 25% of respondents indicated they agreed or strongly agreed with the statement or for which more than 50% of respondents indicated they disagreed or strongly disagreed with the statement.

Summary

Staff members appear to be knowledgeable about the client population, and they are willing and able to try new things and adjust treatment to fit the clients' needs. Thorough assessment of client problems occurs, and the treatment plans that are developed seem to guide interventions and ultimately help clients meet their needs. The staff members understand how the program fits as part of the treatment system in their respective communities, which likely contributes to the successful aftercare planning. Respondents indicated that staff members are generally cooperative, willing to share ideas, trusting of one another, and willing to carry his or her share of the workload. Staff members reported good working conditions, with their environments being clean, safe, and spacious. The programs are reportedly highly regarded by clients and the communities in which they are located.

Overall communication seemed to be viewed favorably with respondents indicating staff members are kept informed of decisions that impact treatment and that open discussions occur; however, three of the six statements that were supported by less than 75 percent of staff members indicated an unfavorable view of communication and relationships between staff members and management. Staff-management relationships may be considered a *relative* weakness (did not meet the threshold for low agreement or high disagreement statements). Respondents did recognize, however, that management has both treatment and administrative knowledge. Other *relative* areas of weakness were employee salary and benefits, having an adequate amount of staff, and having opportunities for upward advancement and professional growth.

Part Two

Part two of the pre-survey consisted of a list of 14 general themes related to the organizations' activities and traits, and survey participants were asked to rate their view of their agency's overall performance on a 5-point Likert scale varying from very strong to weak. Analysis of results consisted of ranking each statement from greatest identified strength to lowest identified strength. The complete data is provided below.

	Total Weakness (1+2)	Weak (1)	Somewhat Weak (2)	Neutral (3)	Strong (4)	Very Strong (5)	Total Strength (1+2)
Staff-Client Relationships	0.0	0.0	0.0	3.8	38.5	57.7	96.2
Staff Professionalism	3.8	0.0	3.8	3.8	46.2	46.2	92.4
Relationships with Other Agencies	0.0	0.0	0.0	11.5	38.5	50.0	88.5
Staff Relationships	3.8	3.8	0.0	7.7	46.2	42.3	88.5
Working Conditions	3.8	3.8	0.0	7.7	61.5	26.9	88.4
Professional Development	11.5	7.7	3.8	3.8	50.0	34.6	84.6
Cultural Sensitivity	7.7	0.0	7.7	7.7	42.3	42.3	84.6
Management	15.4	7.7	7.7	7.7	50.0	26.9	76.9
Agency Perception	3.8	0.0	3.8	19.2	34.6	42.3	76.9
Staff-Management Relationships	19.2	15.4	3.8	7.7	46.2	26.9	73.1
Staff Morale	19.2	15.4	3.8	11.5	34.6	34.6	69.2
Technological Access	19.2	11.5	7.7	15.4	50.0	15.4	65.4
Communication	23.1	7.7	15.4	15.4	42.3	19.2	61.5
Staff Turnover	24.0	12.0	12.0	24.0	32.0	20.0	52.0

Summary

Nine out of fourteen areas were viewed as a strength by at least 75 percent of respondents, and all fourteen areas were viewed as a strength by at least 50 percent of respondents. Scores indicated that staff members form rapport with clients, while also getting along well with each other and other agencies. Staff-management relationships were viewed less positively, but the majority of respondents still identified them as a strength. This finding is consistent with the results of part one, which found that staff-management relationships were a relative weakness compared to other relationships within the agencies. Management, overall, was viewed favorably by most people, which suggests that management are viewed as knowledgeable and effective but are not communicating well with other staff members. Also consistent with part

one findings were high scores on staff professionalism, working conditions, and agency perception. Staff turnover was the area with the least support; nearly a quarter of respondents viewed staff turnover as a weakness. It is likely that staff morale (scoring moderate on this questionnaire) is brought down by staff turnover and not having an adequate number of staff in place.

Part Three

Part three of the pre-survey consisted of a list of 11 areas related to the PA Department of Health’s requirements for drug and alcohol treatment programs. Survey participants were asked to rate their view of their agency’s overall performance on a 5-point Likert scale varying from very strong to weak. Analysis of results consisted of ranking each statement from greatest identified strength to lowest identified strength. The complete data is provided below.

	Total Weakness (1+2)	Weak (1)	Somewhat Weak (2)	Neutral (3)	Strong (4)	Very Strong (5)	Total Strength (1+2)
Treatment Planning	0.0	0.0	0.0	0.0	64.0	36.0	100.0
Treatment Components/Programming	4.2	0.0	4.2	0.0	50.0	45.8	95.8
Aftercare Planning	4.0	0.0	4.0	4.0	68.0	24.0	92.0
Medication Management	0.0	0.0	0.0	8.0	44.0	48.0	92.0
Client Record Maintenance	0.0	0.0	0.0	8.0	56.0	36.0	92.0
Abiding by HIPPA regulations	8.0	4.0	4.0	0.0	40.0	52.0	92.0
Ongoing Training and Continuing Ed	8.0	8.0	0.0	0.0	52.0	40.0	92.0
Intake Process	8.0	0.0	8.0	8.0	40.0	44.0	84.0
Development of Compliance Plan	0.0	0.0	0.0	20.0	52.0	28.0	80.0
Uniform Data Collection	0.0	0.0	0.0	24.0	44.0	32.0	76.0
Facility Staffing	12.0	0.0	12.0	20.0	20.0	48.0	68.0

Summary

The various stages of treatment, including intake, treatment planning, and aftercare planning, were all viewed favorably by respondents. The scores also indicate that recordkeeping and medication management are done in accordance with regulations. The only area that was viewed as a strength by less than 75 percent of respondents was facility staffing, which once again speaks to staff turnover as a potential area of concern.

Note: The reader should recognize that other issues may weigh in on the performance of the organization beyond those noted in the summarized findings of the pre-survey. The overall pre-survey results will be combined with site-visit findings in the conclusion portion of the report.

Cumulative Site Review Summary

The peer site reviews of selected Outpatient use of Buprenorphine programs funded by the Pennsylvania Bureau of Drug and Alcohol Programs were completed during the month of May, 2010. As reported in the Methodology section, five sites participated in the process, each providing insight on programmatic functioning for the reviewers. The following summary offers the reader insight to the findings on the five programs reviewed, as a whole. Results are not site-specific, but instead offer a view of how the program operates across the commonwealth. Individual site reports can also be found in separate documents provided to BDAP officials.

Treatment

Therapists throughout all of the programs reviewed have discretion over which theory they would like to use in treatment. Some of the most common theoretical approaches that were mentioned include motivational therapy, cognitive behavioral therapy, and reality therapy, among others. One site reported using an evidence-based model, Living in Balance, which seemed to be exclusively utilized. AA/NA meetings are traditionally held in the community and not offered directly by the programs. At one of the sites however, AA/NA meetings were offered in the same facility, which tended to make attending the meetings easier for clients. Individual and group sessions are held, as suspected, on a regular basis, with regular attendance a mandated prerequisite for program participation and continued Buprenorphine administration. Group offerings varied from site to site, but some of the notable offerings include DUI, family, relaxation, anger management, and a group for state parolees. Not all of the sites reviewed have Buprenorphine client groups; this does seem to be in the works however for those that do not.

Treatment plans differ in terms of the point at which their development starts. Some sites noted that they begin treatment planning based off of information taken at the initial assessment or biopsychosocial. Other sites noted that the tendency is to wait a few sessions to begin the process. No matter what the timeframe, the clients seem to be quite involved in the process of setting and administering treatment goals. Treatment plans and their contents are tracked and updated regularly (typically 60 days) at all sites; one site noted that they may be updated as frequently as each week. Though the majority of respondents believe that treatment plans are useful for their purposes and offer solid baselines of the clients' issues, they also felt that they are useful to clients only if they client is truly seeking help and taking their detoxification and therapy seriously. Sites that involved the client in setting treatment plan goals reported that the plans were more useful to clients and staff.

Based on sites reviewed, it seems that case managers are being used by some of the programs. If sites are not using them, respondents wished for these positions within their program to assist in many situations.

Client Referral and Aftercare

There are many systems in place from which clients may be referred for services. Self referrals, medical doctors, and the criminal justice systems seem to be the most frequently cited. All of the sites have a strict screening process in place to assure they accept the clients that are the best 'fit' for the services. Typically those that do best are those who truly want to be chemical free, have strong outside supports, hold employment, have no criminal activity, and most importantly have internal motivation to be successful. Unsuccessful clients are those that are looking for a 'quick fix', have financial issues and/or no insurance, have mental illnesses not being addressed, abuse non-opiate drugs, and reside in unsupportive environments. One site noted that in addition to therapy goals, they have clients sign a behavior contract. It was reported across reviews that one of the requirements that is most important is to simply show up; unfortunately, this requirement is often not met by some clients. All clients in the programs are subject to frequent and random urinalysis.

The aftercare process differs from site to site in terms of how it is handled. For some facilities, the process begins immediately with the clients. At other sites, aftercare planning begins later in the process; one site reported it begins when the Buprenorphine treatment is reduced. Most aftercare treatments consist of incorporation of the twelve-step program, psychiatric time, as well as other services as needed. Most of the sites reported utilizing OVR, CareerLink and housing services to assist in stabilizing housing and employment for the clients.

Staffing Issues and Behaviors

Two common themes continuously came about during the reviews which tend to prohibit staff from functioning effectively and efficiently as possible. The first is the amount of paperwork that must be completed and filed for clients within the program. Respondents (both management and line staff) acknowledged the level that needs to be completed and how pressing it is, especially when billable service hours need to be completed. A second issue that continued to arise was communication. Due to time limitations, many interviewees do not feel as if they are being communicated with as often as necessary. This tends to lend to a breakdown in client services, as well as could be a prohibitor in morale issues (covered later in report summary). Treatment team members typically have no problems communicating with peers; however at times problems do arise and a couple sites noted generational issues that may get in the way of relationships. It was noted that at times older and long-term employees tend to be too rigid and set in older ways, not open to communication, and lack the ability to utilize technology. Conversely, it was said that some younger workers lack negotiating and interpersonal communication skills, and have a sense of entitlement. Work ethics are very differentiated, as well, between these age groups.

Various other issues were pointed out that are counterproductive to staff productivity. Insurance authorizations take a great amount of time and take away from productivity. Micromanaging was reported at a couple sites, which leads to staff paranoia. Management may not be available as needed, as well. Staff reported times when programs were

understaffed, which led to employees feeling stressed and overworked. This was not at all sites however. When it does occur, most sites' staff either picks up the extra caseload or managers fill in to provide services. At the agencies where management was noted as being proactive in dealing with these issues, staff was better able to deal with the stress and it seemed less of a major problem. One site reviewed noted that they utilize a 'floating counselor' that works among different departments when needed. Turnover does not seem to be problematic, either, at any of the sites. Most were satisfied with pay and benefits offered (a recognition that they do, indeed, work for non-profits). College interns are also utilized efficiently at some sites, as they are often hired as full time staff.

Morale levels were mostly reported as being fair or good. One site noted morale as being high, while another was noted as being poor. Not much was reported by interviewees regarding how administration increases morale if it's low. Morale does seem to be affected by workload and schedules. At times, staff feel that management presses too much and stresses the workforce. Regarding staff work issues, one respondent noted that we need to work 'smarter', not 'harder' or 'longer'.

Staff Relationships and Communication

Communication amongst staff members occurs in a variety of ways. When discussing client issues, the most common methods are email, phone, memos and face-to-face dialogue. As mentioned previously, time is a premium for these programs, therefore employees at some sites also utilize weekly meetings to discuss client and work related issues. All of the participating sites noted that peer relationships tend to be strong. It should be noted, though, that since the Outpatient Buprenorphine programs are typically small in staff, some employees said they do not really see themselves as having peers or work contemporaries. As noted in the previous section, there was some differentiation pointed out between older and younger workers. Cliques also form within some programs. Manager-to-manager relationships were also reported as strong, with no issues brought to the attention of the reviewers. Typically management within the programs are seen as somewhat supportive of their staff; however, there are times that it is felt management does not know much of the day-to-day operations of the program, and is too concerned with productivity. A couple interviewees noted that they feel intimidated by management. Board members are rarely seen at most of the agencies; one site, however, noted that they have an active Board of Directors.

Professional Development and Staff Benefits

Staff members are encouraged to attend trainings, which are typically BDAP sponsored and held frequently, and cover a range of topics. It is common for employees to attend upwards of 25 hours of outside trainings yearly at no cost to the staff member. Though agencies may pay for the trainings, they do not as a rule pay for certifications and licensures at all of the programs. It was noted that trainings on pain management, medication administration, gambling and cyber addictions, co-occurring disorders, PTSD, and Suboxone would be useful.

Staff find it hard to find time to attend all the trainings needed, however, due to work requirements. Interviewees expressed that staff salaries and benefits were at least comparable if not better than other agencies. There seemed to be an acknowledgement that they do, indeed, work for non-profits. Other benefits that are offered at some sites include tuition reimbursement and staff events.

Upward mobility seems to be limited for the employees of the service; this could be due to the relatively small size of the programs. This did not seem to pose an issue for interviewees, however. Several commented that they enjoy the type of work they do, and prefer to stay in direct service. Interns are utilized efficiently at various sites; at times, they are hired on as full time staff. One issue did arise regarding staff benefits. The use of comp/flex time is authorized at some sites. Due to time constraints, however, many individuals deem it difficult to use it.

Working Conditions and Technology

All interviewees at participating program sites generally felt that staff, clients, and visitors feel safe at their facility. Also, the work space is reportedly conducive to completing work. The only environmental concerns brought about were that metal detectors cannot be utilized so all clients cannot be monitored, and heating/cooling can be an issue.

There is no standard use of technology across the sites. Some use it much more frequently than others. One site reported to be in the process of moving towards a paperless work environment, while others noted that the only technology they have access to is email. One site commented that they did not even have access to this tool. A respondent at one of the program sites noted that they utilize a Facebook-style webpage, One Recovery, for clients to network and share issues.

Community Relationships and Agency Perception

Though these programs are typically newer in their agencies and communities, respondents reported that they have solid reputations among other agency programs and the communities which they serve. That being said, some issues were brought to the forefront regarding service perception. Some recognize the stigma associated with addiction and recovery in the community, and the Not In My Back Yard mentality is deeply rooted in various neighborhoods. There is also a perception of some individuals that this type of program simply substitutes one drug for another drug. Within agencies, a couple respondents noted that staff of other internal agencies do not look highly upon the Buprenorphine Outpatient program, and that it is difficult to overcome their prejudices. Clients typically view the programs in positive light, especially those who are committed to and serious about their recovery. Some clients may differentiate, however, based on their stage of the recovery process.

Successful rehabilitation of clients also involves cross systems interaction. Individual respondents were asked to note strengths and weaknesses that they see with other community partners and linkages. Overall, most agencies tend to have strong relationships with probation, insurance agencies (private and managed care), and medical facilities such as hospitals and clinics. Other system partners are not interacted with as often as one may believe, such as children and youth services, other D&A providers, etc, but there is interaction at times. Some of the biggest weaknesses cited include the excessive amount of paperwork required by insurance companies, the authorization process by insurance companies, and the fact that many probation officers are not treatment oriented and the criminal justice system may lack knowledge of addiction and confidentiality issues. Interviewees were asked to identify any key lessons they may have to share regarding their interactions with these community linkages and other systems. It seems that the most noted lesson shared is to build strong, individual relationships with various individuals. This is believed to be important in getting things done for clients. All of the strength, weakness, and key lesson responses can be found in the individual site reports.

Regulations and Barriers and Programmatic Funding

As opposed to previous reviews, funding was not identified as a problem for the programs. Typically program funds or insurance has paid for the clients' services. Where funding is needed, however, is for additional staff (most noted case managers, or bilingual therapists/counselors). State regulations are not prohibitive to job performance, either, with the exception of the large amount of paperwork that must be completed for each client. This was frequently cited throughout the reviews as a common problem. Transportation for clients was another barrier to service, as clients may not have access to attend meetings as needed. This leads to missed appointments and scheduling headaches. Some agencies have access to company or county vehicles to transport clients, however. Other barriers that get in the way include caseload size and insurance demands. One agency noted that to ease the burden on therapists, pre-auths are completed by counselors rather than the physicians.

Strengths, Weaknesses, and Opportunities

Interviews began and ended with questions pertaining to what makes their individual programs unique, and asked the interviewee to identify various program strengths. Additionally, persons interviewed were asked to identify program weaknesses, and to identify future opportunities to better their services.

Overwhelmingly, strengths of the programs revolved around the treatment provided to clients. Respondents have a sense of pride regarding what they offer clients, and tend to firmly believe in the Buprenorphine treatment offered. Staff also tend to be committed to their jobs and the clients, evident by the lack of staff turnover within the programs. In contrast to the site interviews, however, results from the pre-survey indicated that while not a pressing issue, staff turnover was a relative weakness. The Buprenorphine treatment is viewed as a long-term fix in

a short term time frame, and focuses on abstinence rather than maintenance. All of the programs work with clients to secure funding, or if not available some of the programs provide funding directly. There seems to be a case management approach taken with the clients, as well.

Weaknesses identified include the need for more counselors, greater staff incentives, and the fact that some programs have no offerings for children of adults who come in for treatment.

Interviewees identified several opportunities to improve upon the Outpatient Buprenorphine programs. In-house AA/NA programs would be beneficial, as would incorporation of withdrawal programs. Childcare and services for children are needed, as well as housing options to stabilize residency problems. It was also suggested that policy clarification by the state would make delivery of services less complex. Clients could also benefit if the time between the end of Buprenorphine service and beginning of after care treatment is shortened.

Conclusions and Recommendations

Note: the information that follows is based solely on the results of the site reviews. Findings represent the feelings of those who participated in the process and may not be representative of the agency as a whole.

The BDAP Peer Review process continues to give participants insight into what works well at other similar program sites, as well as what is causing concerns with staff at these programs. While providing an excellent opportunity to network and expand their knowledge base, participants are also able to bring back to their home facility a wealth of information on the program visited. A great deal of information can also be gained from other sites, as it can 'benchmark' how their facility compares to others, both in terms of excellence and improvements needed. This year, it seems as though the insight could prove to be extremely beneficial as the Outpatient Buprenorphine programs are relatively new, and some of the programs seem to be going through an early development process. This summary is based on the 'general' findings of the five sites reviewed and does not pertain to individual programs. Also included is also a sampling of what is working and what is not. The reader will find other strengths and weaknesses throughout the entire document.

Regarding delivery of services, sites reported their staff to be highly dedicated, well-versed and educated, and having a drive for delivering this type of service. Staff interviewed seemed to understand that the program in which they work in is unique, and client interaction must be handled cautiously due to the nature of administration of Buprenorphine. All the sites seem to have a dedicated staff that is committed to abiding to the requirements. Additionally, the programs reviewed assure that clients have input in the treatment plan development process and aftercare planning, which helps to empower and involve clients more deeply in their treatment and continuing recovery. Staff relations do not seem to be problematic; however, based off of conversations this could be due to the lack of time to interact with one another. Respondents noted that time is such a premium that it makes completing imperative job duties a difficult task. Time constraints do indeed seem to be the primary concern of staff with their personal job performance. Management in some programs is attempting to address this. Some of the reasons behind the time constraints are due to state paperwork regulations. Any streamlining of this job aspect that could be addressed would certainly be appreciated by employees.

The programs also tend to be highly regarded in their communities, a difficult achievement for programs such as this that may be seen as controversial. Though a Not In My Back Yard attitude was detected by interviewees by some community members, most feel that they are seen as providing needed services. It stands to be believed that agencies have most likely

undertaken in-depth community education processes, which helps to alleviate any pressures. Interestingly, based off of feedback, some of the pressures that the programs face come from internal staff of other agency departments. It has been theorized that some of the clients of the program are there to substitute one drug for another one. These inferences are difficult to counter when saddled to an entire department.

Stated concerns were minimal during this process. Transportation of clients was deemed a need. Some sites have utilized county transportation and agency vehicles to assure clients make scheduled appointments. This model seems to work for many; however, agencies need to be cautious to not be overly enabling of their clients. Keeping appointments is imperative for both the client as well as the agency (lost productivity); however, this needs to be balanced with the costs of operating vehicles and paying for staff time to drive clients. There is also a need to reduce time that clinicians spend on paperwork, no doubt a common problem cited by clinicians in any program. Managers seem to be creatively looking at ways to streamline this task, which would prove beneficial. If effective measures are found, it is hoped they share their ideas with other sites. One way to potentially address this is by becoming more technology friendly. It seemed to coincide that the sites that were most concerned with paperwork were also the sites that noted that technology is not highly utilized. Another issue brought to the forefront was management not recognizing staff or truly listening to their concerns. Conversely, it was noted that line staff often fail to recognize management's efforts to implement positive change in the environment. This difference, as well as the generational workforce differences among staff, can possibly be contributed to communication breakdowns. Addressing these perception gaps among workers could increase morale and productivity.

For being a controversial program, and one in relative infancy, the staff of the reviewed programs seem to have created solid and high performing programs. Though some issues have arisen, most seem minor in nature and have not caused any major problems. Continuing to develop the programs and educating the community and respective system linkages would most likely be beneficiary in helping the opiate addicted population in their recovery process.

Reviewer Comments

Site reviewers were asked to answer a series of five questions regarding the Peer Review process at the conclusion of their visits. The follow are the responses given by those who answered the questions.

1. What did you find to be the most beneficial part of conducting this site review?

- To learn about other programs
- Getting to meet staff people and see them interact with each other
- Getting a good background in how they provide services for their individuals on Buprenorphine. Also, getting feedback from different levels of staff showed how each perceive the program/agency.
- Knowledge of regulations and Buprenorphine
- Staff perception versus management perception
- How agency coordinates treatment, support services they offer, staffing pattern, bilingual services
- Interaction with staff
- Meeting with management and front line staff, learning what, how, and why the agency works, and their methods inter-agency and other community services.
- It was helpful to see how another agency is providing Suboxone treatment.

2. What questions do you feel should have been included in the survey tools? Any specific areas?

- N/A
- If anything, there are some redundancies that should be eliminated.
- I think it would be helpful to have more questions about the specific program model. Asking the staff to go through forms; treatment planning; aftercare planning; program philosophy. I didn't get a good sense of that through this tool in relation to how they provide Buprenorphine treatment.
- More specific regarding unsuccessful clients and process of termination.
- More about program specifics, examples of program successes, and timeline of program with outline of program development
- N/A
- I thought questions were sufficient, well-rounded.
- 1) Do you think that any paperwork needs to be shortened/changed for Suboxone clients? (like psychosocial history) 2) How long do Suboxone clients generally stay in treatment? 3) Are there specific guidelines for terminating treatment—missed counseling and positive drug tests for other drugs, etc

3. Were there any problems with the process that you encountered?

- N/A
- We really struggled to find a date we could all do.
- I think line staff were reluctant to speak about the program/agency honesty for fear of retribution. The only problems with the interviews were that staff have different levels of interaction with overall agency/system. It was more their perception within that agency/system than actual hands-on experience.
- N/A
- Agency seems unaware of exact nature of the survey
- Questions about staffing, management were uncomfortable for the process, really didn't apply to Suboxone survey
- No
- Staff was scheduled later than the time we had planned to be there. Also, the sessions felt rushed due to the number of questions and the time constraints of the staff.

4. What are your overall feelings regarding the site that you visited?

- Great
- I think it is a great place. I think they need to recognize that there is a role for maintenance and that detox has poor long term outcomes.
- I think the agency does the best they can with what they have. I was amazed that they have absolutely NO technology available for staff, which is probably because of funding constraints. Their philosophy of getting people stabilized and then to develop a plan for detox was different than what most PCP's offer. The waiting room was filled when I got there, so there is no doubt of the need in that community.
- Overall the facility appears to be conducive to supporting the addicted client. Although staff have discontentment, the overall feeling is contentment and feel of purposeful and worthwhile work.
- Line staff very dedicated
- Reception area somewhat non-welcoming
- Unfriendly and a bit confused about the process
- Very impressed, it was obvious it was an exceptional site for the client, employees, the facility lay-out, benefits, management, very impressive
- Very positive
- Knowledgeable staff and dedicated to their job

5. How could the entire site review process be made better?

- N/A
- Edit the questions down quite a bit.
- Although the tool is helpful, I believe that just speaking with people on a personal level will gather more information than trying to get all the questions answered. Some were repetitious and didn't pertain to everyone interviewed. I would recommend that the tool be streamlined somehow but allow interviewers the ability to provide information to you.

- Condense the interview questions
- Ensure agency is aware of how, why, where of survey
- Dr. Riordan wasn't available to go, survey booklets arrived after the survey so we used one book each, payment is \$100 less than last year
- This was my first experience-felt it went smoothly, enjoyed the interaction with all staff. Unfortunately (as they noted), their Buprenorphine program is scheduled for start-up 6/2010—have limited number of assimilated clients only at present. Would love to see their program next year.
- Fewer questions. Maybe some could be answered on paper prior to the site visit and then elaborated on if needed
- The site listed in the manual was not where we had to go for the review.

Appendix A: Cumulative Pre-Survey Results

The following table represents Section 1 of the Pre-Survey. Results are listed in rank order of highest agreement to lowest agreement.

	SD & D	SD	D	N	A	SA	SA & A
Services are provided in accordance with the treatment plan.	0.0	0.0	0.0	0.0	51.9	48.1	100.0
Our staff members do a thorough job of assessing client problems and needs.	0.0	0.0	0.0	0.0	44.5	55.5	100.0
Staff members share ideas and thoughts regarding treatment.	0.0	0.0	0.0	3.7	40.7	55.6	96.3
Clients are encouraged to develop social supports outside of the program.	0.0	0.0	0.0	3.7	29.6	66.7	96.3
Staff members have knowledge of the problems experienced by our client population.	0.0	0.0	0.0	3.7	40.7	55.6	96.3
Group sessions are effective in treating our clients.	3.7	3.7	0.0	0.0	55.6	40.7	96.3
Staff members are willing to try new things to improve treatment.	0.0	0.0	0.0	3.7	37.0	59.3	96.3
Staff members are able to build rapport with clients in a reasonable amount of time.	0.0	0.0	0.0	3.7	33.3	63.0	96.3
We typically adjust client treatment based on their changing needs.	0.0	0.0	0.0	3.7	51.9	44.4	96.3
Staff members make exemplary role models for the clients in our program.	0.0	0.0	0.0	3.7	63.0	33.3	96.3
Staff members contribute to the team by doing their share of the work.	3.7	0.0	3.7		63.0	33.3	96.3
Our facility is safe for clients, staff, and visitors.	3.7	0.0	3.7	0.0	33.3	63.0	96.3
The objective and goals of treatment are understood by our staff.	0.0	0.0	0.0	3.7	48.1	48.1	96.2
Our facility helps clients with their aftercare planning.	4.0	0.0	4.0	0.0	60.0	36.0	96.0
Program staff understand how this program fits as part of the treatment system in our community.	0.0	0.0	0.0	7.4	51.9	40.7	92.6
Resources are available for me to perform my expected job duties.	3.7	0.0	3.7	3.7	66.7	25.9	92.6
Clients view this program as being beneficial to their treatment.	3.7	0.0	3.7	3.7	55.6	37.0	92.6
Clients receive the best services possible at our facility.	3.7	0.0	3.7	3.7	29.6	63.0	92.6
Our agency is committed to providing the highest level of service as possible.	3.7	0.0	3.7	3.7	18.5	74.1	92.6
We place an appropriate amount of focus on relapse prevention.	3.7	0.0	3.7	3.7	37.0	55.6	92.6
Clients' families are encouraged to participate and support clients as relevant.	3.7	0.0	3.7	3.7	44.4	48.1	92.5
There are open discussions about program issues.	7.4	3.7	3.7	0.0	48.1	44.4	92.5
Medication administration and documentation is accurate.	0.0	0.0	0.0	8.7	30.4	60.9	91.3
Staff members are able to cooperate with one another in a way that supports the organization.	0.0	0.0	0.0	11.1	55.6	33.3	88.9
Clients participate in programs at the expected level.	0.0	0.0	0.0	11.1	59.3	29.6	88.9
Staff members adhere consistently to the policies and objectives of the organization.	0.0	0.0	0.0	11.1	55.6	33.3	88.9
Our facility tracks and evaluates the progress of clients in a useful manner.	3.7	0.0	3.7	7.4	51.9	37.0	88.9
Management possess a great deal of administrative	3.7	3.7	0.0	7.4	44.4	44.4	88.8

	SD & D	SD	D	N	A	SA	SA & A
knowledge.							
Our staff members are able to work with clients from a variety of cultural backgrounds.	3.8	0.0	3.8	7.7	34.6	53.8	88.4
I have complete trust in the professional judgment of my coworkers.	3.7	0.0	3.7	11.1	59.3	25.9	85.2
There is adequate space available for staff to conduct their job duties.	7.4	0.0	7.4	7.4	51.9	33.3	85.2
Interventions are matched to the client's current stage of change.	0.0	0.0	0.0	14.8	40.7	44.4	85.1
Our staff members accurately match client needs with services.	3.7	0.0	3.7	11.1	37.0	48.1	85.1
Our facility uses outcomes and program measurements to document program effectiveness.	11.1	0.0	11.1	7.4	51.9	29.6	81.5
Our organization and clinical staff are highly regarded in the community.	0.0	0.0	0.0	18.5	44.4	37.0	81.4
Our facility is always clean and orderly.	0.0	0.0	0.0	18.5	40.7	40.7	81.4
We are able to meet the needs of our clients with the services currently offered.	7.4	0.0	7.4	11.1	44.4	37.0	81.4
Staff members spend an adequate amount of time with clients.	7.4	3.7	3.7	11.1	33.3	48.1	81.4
Management possess a great deal of treatment knowledge.	11.1	3.7	7.4	7.4	44.4	37.0	81.4
The working conditions are conducive to completing my job duties.	11.1	3.7	7.4	7.4	48.1	33.3	81.4
Program staff are always informed of therapeutic decisions that affect clients.	14.8	0.0	14.8	3.7	48.1	33.3	81.4
We have an active board of directors.	4.3	0.0	4.3	17.4	47.8	30.4	78.2
I am satisfied with the training available to staff.	11.1	3.7	7.4	11.1	48.1	29.6	77.7
Staff members feel that they are supported by management.	14.8	7.4	7.4	14.8	40.7	29.6	70.3
Upper management treats all support staff with dignity and respect.	18.5	7.4	11.1	11.1	40.7	29.6	70.3
There is an open line of communication at our facility between upper management and line staff.	18.5	7.4	11.1	14.8	44.4	22.2	66.6
Upward advancement and professional growth are possible in this environment.	14.8	7.4	7.4	22.2	51.9	11.1	63.0
Employees are paid wages and benefits that would be deemed appropriate and comparable with other similar agencies.	7.4	3.7	3.7	29.6	44.4	18.5	62.9
We have adequate staff in place to meet the needs of clients.	25.9	7.4	18.5	14.8	40.7	18.5	59.2

The following are sections 2 and 3 of the pre-survey. Results are listed in rank order of highest agreement to lowest agreement.

	Total Weakness (1+2)	Weak (1)	Somewhat Weak (2)	Neutral (3)	Strong (4)	Very Strong (5)	Total Strength (1+2)
Staff-Client Relationships	0.0	0.0	0.0	3.8	38.5	57.7	96.2
Staff Professionalism	3.8	0.0	3.8	3.8	46.2	46.2	92.4
Relationships with Other Agencies	0.0	0.0	0.0	11.5	38.5	50.0	88.5
Staff Relationships	3.8	3.8	0.0	7.7	46.2	42.3	88.5
Working Conditions	3.8	3.8	0.0	7.7	61.5	26.9	88.4
Professional Development	11.5	7.7	3.8	3.8	50.0	34.6	84.6
Cultural Sensitivity	7.7	0.0	7.7	7.7	42.3	42.3	84.6
Management	15.4	7.7	7.7	7.7	50.0	26.9	76.9
Agency Perception	3.8	0.0	3.8	19.2	34.6	42.3	76.9
Staff-Management Relationships	19.2	15.4	3.8	7.7	46.2	26.9	73.1
Staff Morale	19.2	15.4	3.8	11.5	34.6	34.6	69.2
Technological Access	19.2	11.5	7.7	15.4	50.0	15.4	65.4
Communication	23.1	7.7	15.4	15.4	42.3	19.2	61.5
Staff Turnover	24.0	12.0	12.0	24.0	32.0	20.0	52.0

	Total Weakness (1+2)	Weak (1)	Somewhat Weak (2)	Neutral (3)	Strong (4)	Very Strong (5)	Total Strength (1+2)
Treatment Planning	0.0	0.0	0.0	0.0	64.0	36.0	100.0
Treatment Components/Programming	4.2	0.0	4.2	0.0	50.0	45.8	95.8
Aftercare Planning	4.0	0.0	4.0	4.0	68.0	24.0	92.0
Medication Management	0.0	0.0	0.0	8.0	44.0	48.0	92.0
Client Record Maintenance	0.0	0.0	0.0	8.0	56.0	36.0	92.0
Abiding by HIPPA regulations	8.0	4.0	4.0	0.0	40.0	52.0	92.0
Ongoing Training and Continuing Ed	8.0	8.0	0.0	0.0	52.0	40.0	92.0
Intake Process	8.0	0.0	8.0	8.0	40.0	44.0	84.0
Development of Compliance Plan	0.0	0.0	0.0	20.0	52.0	28.0	80.0
Uniform Data Collection	0.0	0.0	0.0	24.0	44.0	32.0	76.0
Facility Staffing	12.0	0.0	12.0	20.0	20.0	48.0	68.0

Appendix B: Training Manual

Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs Peer Review

Outpatient Use of Buprenorphine



Survey Packets for Site Interviews:

REVIEWERS, PLEASE FILL OUT THE FOLLOWING ON EACH PACKET

Facility being reviewed:	
Date of review:	
Reviewer name:	
Reviewer contact:	
Employee position:	<input type="checkbox"/> Line Staff <input type="checkbox"/> Management <input type="checkbox"/> Other

Question 1: Successful/Unique program components	Things to look for
<p>What makes your agency special regarding outpatient Buprenorphine treatment?</p>	<p>There are typically certain aspects of treatment that agencies find to relate most directly to clients' success. Furthermore, each agency usually has at least one characteristic that makes it unique compared to other providers in their region. You want to find out what is being offered, and how it makes them 'stand out from the pack'.</p>
<p>What makes it special, in general? (company-wide, not just Buprenorphine tx)</p>	
<p>What is your agency doing that helps your clients be successful in treatment?</p>	

Q2. Treatment Components and Theories			
<p>What are the key treatment components utilized by your agency in conjunction with Buprenorphine administration?</p>	<p>Do therapists follow a particular theory or do they have discretion regarding this area?</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> Agencies practice various types of therapies with their clients, depending on the program the client is being served in. This question looks at some of the general therapies that may be offered, as well as what is being used in conjunction with Buprenorphine treatment. </p>	
<p>What group therapies are conducted at your agency?</p>	<p>How frequently do individual sessions and group sessions occur?</p>		<p>Is AA/NA incorporated in-house or in the community?</p>
<p>Specific groups for Buprenorphine clients?</p>			

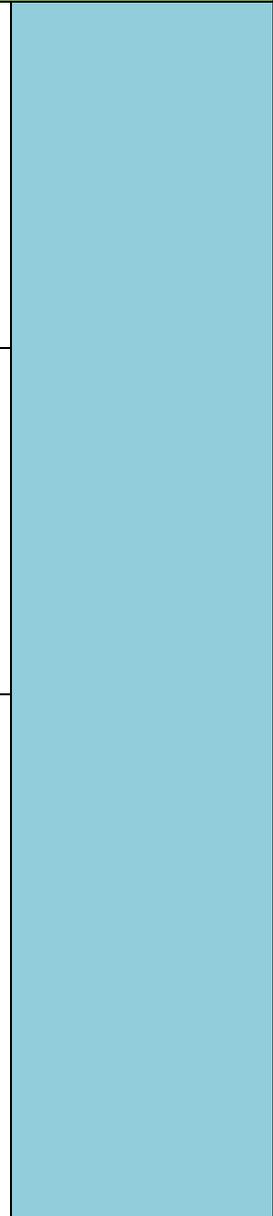
Q3. Treatment Planning

Please describe the process for developing treatment plans for clients served by the outpatient Buprenorphine program.

How is client progress tracked and how often are treatment plans updated?

Are treatment plans a useful tool for staff?

For clients?



Q4. Regulations and Barriers	
What regulations or barriers (agency structure, governmental, legal, transportation, etc) keep staff from performing at their potential within this program?	<p>Barriers to optimal performance exist in every agency. State/federal regulations and requirements could result in challenges, and current agency structure or protocol may also be viewed as restrictive. Ask the interviewee to give examples of barriers and how they best circumvent the issues.</p>
How does your agency work around those barriers that cannot be changed?	
How do employees handle those barriers?	

Q5. Staffing Patterns	
Please describe concerns pertaining to staffing issues.	
What is your staff turnover situation like and why do you think it is that way?	What happens when staff shortages occur?
How does your agency recruit new workers?	How does your agency retain existing staff?

One primary staffing issue often encountered is not having enough staff to handle the workload. Have interviewees discuss staff turnover at their agency, including the extent of the problem and possible reasons for turnover. Also find out about specific, consistent behavior problems that staff display. How are negative situations handled and what is done to encourage positive behaviors?

Q6. Employee Behaviors		
<p>What are some specific problems you see/recognize regarding behaviors of <i>non-management</i> personnel?</p>	<p>What are some specific problems you see/recognize regarding behaviors of <i>management</i>?</p>	<p>Personality conflicts, values, and work ethics at times cause strains within the workplace. Some have a negative impact and cause considerable strain on relationships. These questions are aimed at having the respondent recognize some of these behaviors, and discuss what the agency does to address behavioral issues.</p>
<p>How does your agency increase positive behaviors?</p>	<p>How does your agency dissuade negative behaviors?</p>	
Q7. Inter-personnel relationships		
<p>Where can management support staff better?</p>	<p>Where can staff support management better?</p>	<p>The dynamic between the two groups can be tenuous at times. Ask the respondents to be as upfront as possible, and to answer both questions, trying to wear the hat of the other person.</p>

Q8. Staff Morale		
How is overall staff morale? Why?	How does the agency go about increasing or maintaining morale?	Staff morale can affect productivity and turnover. Address the current staff morale at this agency. Also ask questions regarding pay scales. How are raises allocated? Are they across-the-board standard of living raises or based on performance as well?
How do you view staff benefits and pay compared to other local social service agencies?		
Q9. Programmatic Funding		
Please describe issues pertaining to programmatic funding that you currently face or will be facing in the near future. Is the outpatient Buprenorphine program funded appropriately?		This is an area that most every agency will struggle with and an area that impacts service delivery in many ways. The goal of this question is to find out how various agencies work around funding issues to deliver the best services possible.

Q10. Technology	
How is technology incorporated into this program? Is technology used in developing treatment plans or assessments? For communicating with others? Is technology readily available to all staff?	Discuss with the interviewee how technology is used throughout the agency, including for services provided to clients (i.e. treatment planning) and for communicating with others. Has it made their positions more productive (or less productive).
Q11. State Regulations and Policies	
Are the current state regulations and policies that must be abided by functional for the program's operations?	This question addresses rules and regulations that must be abided by and whether or not the staff feel that they prohibit proper service delivery. Areas of concern may be medical management, charts and records, staffing, etc.
What policy changes do you feel would be beneficial across the state to improve outpatient Buprenorphine services?	

Q12. Working Conditions

Most agencies experience limitations within their environment. Please comment on the limitations faced in each of the following areas as well as how you work around the limitations.

Safety: Do you feel safe in your facility? Do the clients? Visitors?

Space: Is your work space conducive to completing your job responsibilities? Does your building offer adequate space for the various aspects of clients' treatment?

Are there other environmental stressors that inhibit your work or clients' progress?

The intent of the question is not to find out square footage, number of beds, computer work stations, etc. Few and far between are agency's that *couldn't* utilize more square footage or bed space. Find out about issues regarding space (staff work space, holding client sessions, etc) and how they make best use of what's available. Consider both staff needs and client needs. Also address the perceived safety of the premises for staff, clients, and visitors. Find out about other general environmental stressors (i.e. noise, cleanliness) that may restrict productivity and how the agency deals with them.

Q13. Client Recruitment	
Please describe the referral process, including who typically makes referrals to the program. (Please provide a flow chart if one is available.)	<p>Many agencies have a documented flow chart of the intake process; please obtain this if one is available. Ask if there are restrictions for client intake (violent crime record, certain drug usage, etc). Are there rules of conduct that must be abided by? Additionally, there may be policies in place to revoke clients from participation due to behavior. If so, note these. Does the interviewee feel that the recruitment process works? Ask the interviewee to comment on the client-program 'fit.'</p>
Are there any restrictions for new clients who are brought on?	
What expectations do you set for new clients?	
Do clients who are accepted for services typically "fit" the programming offered at your agency?	

Q14. Client Traits

What are characteristics of successful clients in the outpatient Buprenorphine program?

Unsuccessful clients?

What makes a successful client? Does the interviewee see any commonalities among those that do well with Buprenorphine use? What about unsuccessful clients? Are there commonalities? These traits may include past usage issues, family problems, employment, etc. Use these and similar ideas for prompts if the respondent isn't sure.

Q15. Continuous Treatment and Aftercare		
What types of after-care services are usually set up for clients?	How are housing needs and education/vocational needs addressed within your agency if clients are in need?	Most programs require some sort of continuing therapy or services post-discharge. Consider areas such as housing, employment, mental health, and transportation in addition to substance abuse needs. Find out what services are offered, as well as how the referral process works and what roles their facility plays in after-care services.
Who is responsible for coordinating after-care services?	When does the process begin?	

Q16. Interagency Communication

What are the main methods of communication between members of your agency? Please mark all that apply

- phone
- email
- staff meetings
- memos
- company newsletter/bulletin board
- daily logs
- Other: please note

Describe the communication between two staff members. What barriers are there that prohibit effective communication?

Describe the communication between staff and management. What barriers are there that prohibit effective communication?

Open lines of communication are imperative for staff productivity, high morale, effective treatment, and solid community relations development. How does the agency communicate within itself? Differentiate between staff-to-staff communication and management-to-staff communication.

Q17. Professional Development		
Talk about the professional development opportunities available at your agency.	<p>Professional development and advancement is an important factor for many individuals in determining where they will work. Discuss how individuals feel regarding staff advancement opportunities available within the agency. Also consider the availability of training opportunities and topics for which staff feel the training is lacking.</p>	
Is staff upward mobility possible? How do you handle advancement of staff? Is it common policy to advance from within?		What are the opportunities for training/continuing education? Are these opportunities sufficient?
		What additional training topics might be useful?

Q19. Community Interaction			
Many clients have more than one area of need; therefore, effective treatment involves collaboration with other agencies. Listed below are some of the most common agencies which the program may collaborate. Ask the respondent to identify both the key strengths and weaknesses they have working with each. Also, ask if they have any key lessons that could be passed on to similar programs regarding interaction, problem areas, and how circumvented, etc.			
	Strength	Weakness	Key Lesson
<i>Criminal justice</i>			
<i>Managed Care</i>			
<i>Private Insurance</i>			
<i>Child and Youth Services</i>			
<i>Medical Facilities</i>			
<i>Mental Health Services</i>			
<i>Employee Assistance Programs</i>			
<i>Other D&A Providers</i>			
<i>Other 1</i>			
<i>Other 2</i>			
<i>Other 3</i>			

Q20. Program Perception			
What is the <u>community</u> perception of this program?	What is the <u>staff</u> perception of this program?	What is the <u>client</u> perception of this program?	Positive or negative perceptions of a program can impact referrals and community partnerships, which then impact the quality of services that may be provided. Discuss how the agency is thought of within the community they reside in. Are they thought of at all?
Does the community utilize the services? Why or why not?			
Q21. Agency Perception			
What is the community perception of your agency?	What is the staff perception of your agency?	What is the client perception of your agency?	Positive or negative perceptions of an agency can impact referrals and community partnerships, which then impact the quality of services that may be provided. Discuss how the agency is thought of within the community they reside in. Are they thought of at all?
Does the community utilize the services?			

Q22. Future Opportunities		
What other potential services would be beneficial for your agency to offer? Where are there gaps in service?	Are these services available elsewhere in your community?	<p>Regardless of how successful an agency currently is in fulfilling its mission, there is always room for growth and improvement. Ask the interviewee about perceived service gaps. What services that are not currently offered would significantly improve the treatment that this agency could provide to its clients? Discuss how the agency may grow as needs change and any opportunities that are on the horizon for the agency.</p>
Identify any other future opportunities for your company (distinguish between planned or theorized).		

Q23. Strengths and Weaknesses	
What aspects of your agency could serve as a model for other agencies? What are the overall strengths of your agency?	Ask about the agency's overall strengths and weaknesses. Which aspects could serve as a model for similar agencies? Which areas need the most improvement?
What can your agency do to improve? What are the overall weaknesses of your agency?	
Q24. Additional comments	
Do you have any other additional comments or concerns that you feel would be beneficial to note?	Encourage the interviewee to provide any additional comments or concerns regarding their agency.

For the Site Reviewer, Please take a few moments to answer the following questions relating to the site review that you have just conducted. *(Fill out one time only)*

6. What did you find to be the most beneficial part of conducting this site review?
7. What questions do you feel should have been included in the survey tools? Any specific areas?
8. Were there any problems with the process that you encountered?
9. What are your overall feelings regarding the site that you visited?
10. How could the entire site review process be made better?