

# Pennsylvania Bureau of Drug and Alcohol Programs

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2011-2012 Peer Review Process

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## *Partial Hospitalization Programs*

### Cumulative Site Results

*Prepared by the Mercyhurst University Civic Institute*



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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 2011-2012 fiscal year, BDAP chose to review partial hospitalization treatment programs. The following six sites participated in the review process:

- Harbor Counseling (Wellsboro)
- Marworth (Waverly)
- Greenbrier Treatment (Washington)
- The Care Center (Washington)
- Freedom Center for Women (Franklin)
- Bowling Green (Kennett Square)

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.

<b>Site</b>	<b>Reviewers</b>	<b>Date of Review</b>
The Care Center	Holly Martin and Richard Takacs	April 9th
Greenbrier	Dana Rex and Brooke McKenzie	April 24th
Bowling Green	Jason Harlen and Ryan Hogan	April 26th
Freedom Center for Women	Doug Candelario and Kelly McKeVitt	May 4th
Marworth	Lisa Olander and David Dorschu	May 14th
Harbor Counseling	William Poray and Vince Carolan	May 17th

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 structure the review process in a manner that focused on qualitative information such as strengths, weaknesses, and organizational behavior, while placing less emphasis on statistics and demographic data. Additionally, methods were developed in order to maximize the number of program staff who could contribute their opinions to the review of their site. Since this process worked well for past fiscal years, the MCI utilized a very similar methodology for the process in the 2011-2012 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 was constructed this year into four sections. The first section asked the respondents to use Likert scale responses to answer 36 questions based on various organizational behavior traits. Sections two through four consisted of ranking organizational performance on general organizational activities and traits (14 areas), specific treatment components set forth by BDAP for partial hospitalization programs (11 areas), and service delivery to clients (6 areas). A copy of the pre-survey can be found in the Appendix A, the Reviewer Guide.

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, etc.) were identified, with numerous sub-topics 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 Appendix A, 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. Reviewers were asked to participate in one of two conference calls (March 5<sup>th</sup> or March 9<sup>th</sup>) led by MCI staff. The focus of the conference call was to review the training manual, the questions on the site visit survey tool, and the responsibilities of the site reviewers.

Prior to the conference calls, site contacts were informed that a reviewer would be in touch within the next two weeks to set up a date for the visit. In addition, it was requested that each

site have six staff (three line staff and three management staff) available for interviews 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 2012.

**NOTE:**

The 2011-2012 Peer Review process proved to be slightly different from past years due to the composition and size of the programs being reviewed. From the onset of discussing the project with site contacts, it was conveyed that most of the programs are not very large and consist of staff that work among other programs as well. Sites had very few staff devoted solely to the partial hospitalization programs. Site contacts expressed their concern with having enough staff to participate in the pre-survey, and site review interviews. Due to this issue, two differences with the site reviews arose that made results somewhat different from previous years.

First, there was limited response to the pre-surveys. Even though sites were asked to distribute the surveys to staff that may remotely be involved with the program (admissions, intake, nursing, etc), returns were still small in number. In fact, a combined 33 surveys were completed and returned from the six participating sites. Therefore, due to small return sizes, it was not feasible to analyze individual site pre-surveys. Results shown in both the cumulative and individual site reports are inclusive of all 33 returns.

Second, gathering information from interviews during the site visits proved to be more daunting than in previous years. Not all of the sites were able to provide the full complement of six staff to be reviewed. For those that did, in order to reach this number some staff that participated were pulled from departments that may interact on some level with partial hospitalization. Though this helped fulfill the review requirements, many respondents were unsure of how to answer questions, and at times gave answers that were geared toward the agency as opposed to the program. Reviewers were asked to 'steer' respondents back to the program when this occurred; however, some responses were more incomplete than in past years due to this challenge.

## 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 partial hospitalization program at each of the six reviewed sites were invited to complete. The pre-survey focused on organizational and operational behaviors within the facility. In addition, the survey asked respondents to rate areas of operations that are pertinent to the regulations for partial hospitalization programs set forth by the Pennsylvania Department of Health. 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 36 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 and are identified in **blue text**. Though there were not any of the following identified, low agreement statements (less than 25% of respondents either strongly agreed or agreed) and high disagreement statements (more than 50% of respondents either disagreed or strongly disagreed) would have been identified with **red text**. These percentages were chosen only for sampling purposes. The complete table of statements has been re-ranked in order of highest agreement to lowest agreement for this report.

<i>N = 33, read as percentages</i>	<b>SA &amp; A</b>	<b>Neutral</b>	<b>SD &amp; D</b>
<i>Our staff members do a thorough job of assessing client problems and needs.</i>	97	3	-
<i>Group sessions are effective in treating our clients.</i>	97	3	-
<i>Staff members are willing to try new things to improve treatment.</i>	94	6	-
<i>Staff members are able to build rapport with clients in a reasonable amount of time.</i>	94	6	-
<i>Clients are encouraged to develop social supports outside of the program.</i>	94	6	-
<i>Treatment goals are realistic and tied to individual treatment plans.</i>	94	3	3
<i>Program staff understand how this program fits as part of the treatment system in our community.</i>	92	6	3
<i>Services are provided in accordance with the client's treatment plan.</i>	91	3	6
<i>Clients' treatment is adjusted based on their changing needs.</i>	91	9	-
<i>I trust the professional judgment of my coworkers.</i>	88	9	3
<i>Staff members cooperate with one another in a way that supports the program.</i>	88	9	3
<i>Management possess a great deal of treatment knowledge.</i>	88	9	3

<b>N = 33, read as percentages</b>	<b>SA &amp; A</b>	<b>Neutral</b>	<b>SD &amp; D</b>
<i>Clients receive the best services possible in our program.</i>	88	9	3
<i>An appropriate amount of focus is placed on relapse prevention.</i>	88	12	-
<i>Staff members have knowledge of the problems experienced by our client population.</i>	88	9	3
<i>We are able to meet the needs of our clients with the services currently offered.</i>	85	6	9
<i>Staff members accurately match client needs with interventions.</i>	85	12	3
<i>Staff members consistently adhere to the policies and objectives of the program.</i>	85	12	3
<i>Client records are complete.</i>	85	9	6
<i>Clients view this program as beneficial to their treatment.</i>	84	12	3
<i>Our program tracks and evaluates the progress of clients in a useful manner.</i>	82	18	-
<i>Staff perform duties as written in their job description.</i>	82	9	9
<i>Resources are available for me to perform my expected job duties.</i>	82	6	12
<i>Program staff are always informed of therapeutic decisions that affect clients.</i>	82	9	9
<i>Discharge/termination criteria are clear.</i>	82	15	3
<i>Support staff is treated with dignity and respect by upper management.</i>	81	12	6
<i>There are open discussions about program issues.</i>	79	18	3
<i>There is an open line of communication between upper management and program line staff.</i>	79	9	12
<i>Staff members feel that they are supported by management.</i>	78	15	6
<i>Management possess a great deal of administrative knowledge.</i>	78	12	9
I am satisfied with the training available to staff.	74	16	10
Employees are paid wages and benefits that would be deemed appropriate and comparable with other similar agencies.	67	18	15
Upward advancement and professional growth are possible.	64	18	18
Aftercare planning is a primary focus of helping clients.	63	30	6
Staff members are trained to work with clients in culturally diverse situations.	60	30	9
We have adequate program staff to meet the needs of clients.	55	21	24

**Summary**

Overall, 30 of the 36 statements were met with high levels of agreement. While none of the statements received 100% strongly agree or agree answers, eight had no respondents disagree in any manner (Our staff members do a thorough job of assessing client problems and needs; 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; Clients are encouraged to develop social supports outside of the program; Clients' treatment is adjusted based on their changing needs; An appropriate amount of focus is placed on relapse prevention; and Our program tracks and evaluates the progress of clients in a useful manner).

The lowest rated statement was that of having adequate program staff to meet the needs of the clients.

**Part Two**

Part two of the pre-survey consisted of a list of 14 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 very strong to weak. High strength statements (more than 75% of respondents answered very strong or strong) are those that were generally supported by the respondents and are identified in **blue text**. Though there were not any of the following identified, low strength statements (less than 25% of respondents responded very strong or strong) and high weakness statements (more than 50% of respondents either somewhat weak or weak) would have been identified with **red text**. These percentages were chosen only for sampling purposes. Analysis of results consisted of ranking each statement from greatest identified strength to lowest identified strength. The complete data is provided below.

<i>N = 33, read as percentages</i>	<b>VS &amp; S</b>	<b>Neutral</b>	<b>SW &amp; W</b>
<i>Staff-Client Relationships</i>	97	3	-
<i>Staff Professionalism</i>	87	13	-
<i>Communication</i>	82	12	6
<i>Agency Perception within Treatment Community</i>	81	19	-
<i>Peer Staff Relationships</i>	81	13	7
<i>Staff-Management Relationships</i>	80	10	10
<i>Professional Development</i>	79	15	6
<i>Relationships with Other Agencies</i>	79	12	9
<i>Management Performance</i>	75	15	9
Cultural Sensitivity	71	26	3
Staff Morale	64	19	16
Working Conditions	63	15	21
Technological Access	48	24	27
Staff Turnover	46	33	20

**Summary**

Programs involved in the process identified having strong staff-to-client relationships, followed by high levels of staff professionalism and communication. No issues were identified as being low strength or high weakness; however, turnover and technological access both scored below 50% regarding the two strength categories.

### **Part Three**

Part three of the pre-survey consisted of a list of 11 areas related to the Pennsylvania Department of Health’s requirements for drug and alcohol treatment programs. Survey participants were asked to rate their view of their program’s overall performance on a 5-point Likert scale varying from very strong to weak. High strength statements (more than 75% of respondents either strongly agreed or agreed) are those that were generally supported by the respondents and are identified in **blue text**. Though there were not any of the following identified, low strength statements (less than 25% of respondents responded very strong or strong) and high weakness statements (more than 50% of respondents either somewhat weak or weak) would have been identified with **red text**. These percentages were chosen only for sampling purposes. Analysis of results consisted of ranking each statement from greatest identified strength to lowest identified strength. The complete data is provided below.

<i>N = 33, read as percentages</i>	<i>VS &amp; S</i>	<i>Neutral</i>	<i>SW &amp; W</i>
<i>Treatment Components/Programming</i>	90	7	3
<i>Ongoing Training and Continuing Ed</i>	90	7	3
<i>Treatment Planning</i>	87	13	-
<i>Intake Process</i>	84	16	-
Development of Compliance Plan	74	16	10
Aftercare Planning	73	20	7
Uniform Data Collection	71	19	10
Medication Management	67	23	10
Abiding by HIPAA regulations	55	42	3
Client Record Maintenance	50	13	6
Facility Staffing	29	58	14

### **Summary**

Four of the identified program requirements were rated as strong or very strong by at least 75% of respondents. Agencies as a whole do very well in treatment components/programming, ongoing training/continuing education, treatment planning, and the intake process. Facility staffing, though not identified as a major weakness, has cause for concern as 58% of respondents were neutral in their feelings.

### **Part Four**

Part four of the survey focused on six core components of partial hospitalization programs. Respondents were asked to rate whether their specific program was excellent, good, fair, or poor in each of these service areas. The responses are as follows.

<b><i>N = 33, read as percentages</i></b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Case management	44	50	6	-
Access to more intensive levels of care	41	50	9	-
Collaboration between treatment teams and service agencies	36	42	21	-
Psycho-educational seminars	33	55	9	3
Supportive/cooperative work programs	28	53	19	-
Structured positive social activities	25	66	6	3

**Summary**

Most of the ratings fell into the excellent or good categories across the sites that completed the surveys. While no area was identified as being problematic by sites as a whole, collaboration between treatment teams and service agencies, and supportive/cooperative work programs, had the highest percentage of respondents in the fair or poor categories.

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

## **Site Review Summary**

The peer site reviews of the six participating partial hospitalization programs were completed during April and May of 2012. A complete listing of the sites reviewed, corresponding reviewers, and dates the reviews took place can be found in the prior Project Methodology section. The following is a summary of findings from the interviews. The summary is based on the interviews that took place at each site. The cumulative results are not a definitive showing of the overall program, but are an over-arching description of commonalities and differences between participating sites.

### ***Treatment Components and Treatment Planning***

Interviewees were asked to identify what makes the partial hospitalization program they work within special. Common traits among the sites include providing individualized levels of care to their clients, having caring staff that puts the clients' needs first, being accommodating, and in most cases the programs are part of a larger continuum of care that allows for future client services to be delivered seamlessly. Participating programs all want the clients to feel that they are part of a larger community. General approaches in dealing with client needs differ from site to site. At some locations 'comprehensive' approaches are taken, and there is more client freedom. Other programs tend to be more structured, while at some sites a holistic view is taken into account for client treatment. Though the approaches may differ, service delivery is intensive, as staff do their best to give the clients tools to stay clean. Some sites work with clients on mental health issues, and others stick to the drug and alcohol treatment route. It seemed that based off of client reviews that the programs with larger client census were those that afforded the counselors more flexibility and freedom in their delivery of treatment to the clients.

Treatment planning consistently begins at intake and is an ongoing process overseen by the primary counselor or therapist. Initial assessments are conducted and plans developed at this point. Commonly the primary therapist and the client are involved; some sites had additional team members participate in this step as well. While as expected the plans consisted of common drug and alcohol treatment components, at some sites other aspects such as legal issues and mental health needs are also addressed. Each site utilized various treatment modalities in terms of delivering services to the clients. All incorporate the 12 step philosophy, and most if not all programs also utilize reality and/or cognitive therapy. Other popular techniques include psychodrama, role playing, stages of change, family inclusion, and Gestalt. These are delivered in group and individual settings throughout the sites. A complete listing of

the group and individual sessions held at each program can be found in Appendix A (question 2) of each individual site report.

There were numerous examples of how the program addresses seven core components that are identified in the BDAP treatment regulations, and the complete list of responses for each site can be found in Appendix A (question 3) of each individual site report. The following is a summary of a few of the key activities or methods that are utilized to meet these goals.

*Elimination of anti-social behaviors:* this is targeted in group therapy, encouraging clients to look at their behaviors critically; will have fellow group members provide feedback which leads to trust building; some sites also work on this through completion of community service hours

*Develop interpersonal skills:* primarily addressed in group settings with role playing techniques and affirmation activities

*Develop positive social attitudes:* will address in individual settings, but primarily a group activity; peer mentors utilized at some sites

*Improve economic/financial management:* most of this is referred out to local agencies such as Office of Vocational Rehabilitation; some programs have budgeting and finance courses to assist client; usually will work with client to enroll for any needed services they may not have on-site

*Increase educational attainment:* all sites will work with clients on this, but some more than others; some programs have strong ties to local educational services that assist clients in obtaining GEDs; all will promote continuing education

*Improve physical well-being and overall health:* medical staff is available within each program; sites encourage free time activities for better well being; some offer structured courses (i.e. yoga, nutrition)

There are six additional program components in the program regulations that are addressed. Respondents were asked to describe the program's role with each. The following is a summary of the key activities utilized. A complete list of responses can be found in the Appendix A (question 14) of each site report.

*Medical:* programs typically have their own physicians and nurses on staff, but will also develop relationships with primary care physicians; most have good relationships with local hospitals

*Psychiatric:* on staff or local psychiatric consultants used throughout sites; most will make appointments for clients for continued mental health services

*Economic:* typically sites will work with clients to enroll for needed services; often times done through initial assessment; some sites address more than others as they also provide client with budgeting skills

*Educational:* sites will refer to community resources

*Vocational:* refers to community resources and CareerLink; sites vary on the level of interaction with client in this domain, as some are more proactive in assisting clients find work

*Recreation:* sites typically plan group outings for clients; some programs may plan their activities on client interests and hobbies, while others utilize community resources such as libraries and parks

Regarding aftercare, sites vary in their offerings for clients. Typically the planning process begins at intake or shortly thereafter. Once clients leave their partial hospitalization program, they typically may be placed into outpatient, continuing care groups, mental health treatment, or halfway houses. AA/NA is a big part of aftercare for clients leaving any of the programs. Each site tends to have a different series of programs in which clients will be referred for aftercare services. In some agencies, the programs are housed in facilities smaller in scope and do not have as many programs; therefore, they are referred to other community programs. At other sites, a more streamlined continuum of care is available and clients may maintain services within the same agency.

### ***Client Recruitment and Characteristics***

There are a wide variety of referral sources used by all the partial hospitalization programs. Many clients come from other drug and alcohol treatment programs located within the same agency, with the partial hospitalization program offered as a step-down service. Many clients are also referred by doctors, employee assistance programs, and mental health service providers. It seems that the most common referral source however is the criminal justice system. Courts/judges and probation officers are common sources of referrals into the

programs. Generally it seems that wide marketing is not conducted in order to get clients to enter the program. Common requirements for admission are meeting ASAM or PCPC criteria, not being a violent or sex offender, and meeting court-ordered expectations. The programs are said to be very informal regarding client expectations. Clients are asked to adhere to confidentiality and follow program rules. Attendance is also looked at regarding client activity. Generally, the clients who participate are a good 'fit' for the program.

Clients who are typically successful in partial hospitalization programs demonstrate responsibility and accountability, know their need for treatment, are proactive and open to feedback, and in many cases have family involvement. Those who are typically unsuccessful miss group meetings, lack family support, lack commitment and internal motivation, and often have behavioral health or mental health issues.

### ***Staffing Patterns and Behaviors***

Throughout all of the sites, respondents most commonly noted that the biggest, pressing issue they face is being short staffed. Many felt that the client to staff ratio is too high, and treatment could be more effective if the ratio was lowered. The staff at the participating sites seem able to work around this issue however. Others will step in and fill voids, and often management will cover in order to deliver services. In some cases staff may be borrowed from other programs within the agencies. Other issues that are faced include some employees lacking proper education, and program funding. Turnover was noted as being a problem at only a couple of the sites; most of the programs do not have an issue with this because of what was said to be a family atmosphere within their programs. Views on pay and benefits within the various programs was mixed. At some sites the staff is paid very well, and at others, it is low.

For the most part, morale within the programs tends to run high. Some respondents noted that there are problems, but overall this does not seem to be an issue. Pay and benefits, appreciation events, and being treated fairly and humanely by management are reasons that morale is high.

There were very few problematic behaviors of employees that were noted by interviewees. Gossip, occasional lack of communication, and crossing ethical boundaries at times were a few of the issues cited.

### ***Staff Relationships and Communication***

Interviewees were asked to describe the relationships among workers within the partial hospitalization program. The following is a brief summation of the three relationships that were posed to the interviewees.

*Peer Staff members:* Overall peer line staff and counselors get along very well. Some said that the interactions are very positive and that communication is open.

*Staff-Management:* Most interviewees noted that these relationships are solid, and that the two groups are very respectful of each other. Management also tends to give their staff great autonomy in order for them to complete their jobs effectively.

*Peer Management:* Not many of the programs have more than one direct manager, but those that do were reported to get along very well and act professionally.

As in past years, participants were asked to identify the methods of communication utilized within their program. Most communication throughout all of the programs reviewed tended to be centered on three methods: direct face-to-face (or one-on-one), emails, and phone calls. Also noted increasingly from previous years is use of instant messaging between staff members. In addition, the frequency of communication between employees was noted as being 'whenever needed' or 'frequently' on quite a few occasions. In past years the frequency was more firm, such as 'at weekly meetings'. However, it seems that the small program sizes effect the formality of staff meetings, memos, etc.

### ***Professional Development***

The programs reviewed seem to offer plenty of training opportunities for their staff, though some sites provided more than others. One site has a dedicated person in-house that offers trainings on a host of topics when needed. Others will bring outside individuals to the program for group training sessions. Most of the sites reviewed also afford the staff time to attend trainings outside of the agency if deemed warranted. Typically if a staff attends outside they are asked to come back and present their findings to their fellow employees. Interviewees were also asked to suggest other training topics that would be of interest. There were not many duplications, but some trainings suggested included spirituality and its impact on recovery, pharmacology, mental health issues, and putting research into practice. Some of the programs and their corresponding agencies offer tuition assistance for those who are

interested in returning to school, as well. One site noted that it is offered, but most are not aware of how to take advantage of this perk.

Regarding upward mobility into other positions, this received mixed responses. At some sites, interviewees noted that mobility is rare. Within other programs those interviewed suggested that it is common or at least possible. However, it does seem that when promotions occur staff do not move upward within the partial hospitalization program but rather to other programs within the agency. This is, again, a factor of being involved with a relatively small program.

### ***Working Conditions and Technology***

Interviewees were asked to discuss or note any environmental limitations they face in their workplace that impact work performance. No overriding factors were common from site to site. Some issues that were repeated multiple times, however, include space limitations for group sessions, as well as physical location of the program, which was difficult to reach for some clients. While most of the physical locations were fine, one site was noted as being in an old building and many of the properties of the building were run down. The prominent issue with this was that it was for the landlord to address, and was nothing they could take care of themselves.

Technology is widely limited through the reviewed programs. Though staff at several of the sites have access to email and instant messaging, not many locations noted that they use more advanced technology or even electronic medical records. In some cases, only management and clerical/secretarial staff had access to computers. Two of the sites noted that they utilize electronic medical records. In both cases, the ability to work efficiently was said to be greatly enhanced.

Program regulations include maintaining certain standards for client service delivery areas. Interviewees were asked to give their overall view for these six areas. The following is a brief summation of the responses, including what could be improved upon. The full complement of answers can be found in Appendix A (question 11) in each individual site report.

*Building/Exterior Grounds:* mixed results of responses by interviewees, as some spoke very favorably of the physical property the program is housed; issues noted include being located 'in the middle of nowhere' and being in an old building with many issues

*Counseling Area:* most interviewees noted that these areas are at least sufficient to getting the job done; some cases more space would be warranted

*Bathrooms:* again, mixed results; in some cases they are newly remodeled with no issues, and in other programs they lack enough facilities, are not thoroughly cleaned, and have leaky plumbing

*Food Services:* varies from being terrific, as they contract with outside vendors, to being reportedly terrible and lacking healthy options

*Heating/Cooling:* the area that tended to have the most negative responses by interviewees; several noted inefficiencies in their buildings' systems

*General Safety:* overall most feel safe; many concerns are actually due to neighborhood locations the program is in

### ***Program/Agency Perception and Community Relationships***

Most respondents believe that the community they are located in views the partial hospitalization program and the agency positively. In some cases, there is a lack of clarity with what the program does, while others reportedly are not even aware that the program is even in existence. There are those who also confuse it with the agencies' inpatient program. Staff across sites also tend to view both their programs and agencies very highly. Most staff recognize and understand the reasons that they are there: to help the client on the road to recovery. While some staff have issues from time to time, overall they do not inhibit their positive feelings about the services they provide. Clients tend to view both the program and agency highly as well. Some clients have a very difficult time adjusting to the program, and therefore view it less favorably at first. However, once they continue with their treatment plan they tend to view it more positively.

Within the program service offerings, there could be interaction with multiple system providers that the client is involved with on one level or another. These include criminal justice, managed care, private insurance, child and youth services, medical facilities, mental health services, employee assistance programs, and other drug and alcohol providers. Interviewees were asked to give both strengths and weaknesses of working with each, as well as to identify key lessons that they could pass on to others. Results can be found in Appendix A (question 18) of each individual site report. The following is a brief summation of what respondents reported across sites.

*Criminal Justice (CJ):* most agencies have strong relationships with probation officers, even though in many cases the PO's do not fully understand the treatment process

*Managed Care:* typically good relationships and work well together as the managed care company understands why client is in treatment; however, there may be issues with getting reimbursed or having enough time authorized

*Private Insurance:* eligibility requirements may be more stringent than with managed care, and may also dictate terms of service more often

*Child and Youth Services:* limited contact by almost all sites; if needed, CYS puts needs of child first

*Medical facilities:* most of the programs have very favorable relationships with local hospitals; some may have a stigma against drug and alcohol clients however; there may be limited resources available with them, as well

*Mental Health Services:* responses varied from site to site, as some agencies had mental health departments that can be utilized; most programs have a psychiatrist on-staff full time or part time to address issues and further recommend services

*Employee Assistance Programs:* most of the sites receive referrals for these programs, and some have a waiting list for those wanting to enter

*Other Drug and Alcohol Providers:* depending on the program reviewed, the level of interaction differs; standards of quality of care may differ as do expectations

### ***Regulations, Policies, and Barriers***

Respondents at the various sites noted multiple barriers that keep staff from performing at their potential. Some of the most common barriers include paperwork, program funding, and transportation for clients.

Regarding changes to state-regulated policies that would be beneficial to the program, interviewees suggested lessening the amount of paperwork (and looking into electronic records), increasing funding, and increasing lengths of stay.

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

The programs reviewed have varying strong points and weaknesses that stand out in terms of delivering quality care to clients. In most programs, the relationships between clients and staff are strong, and many levels of care are able to be integrated into the treatment process. Most clients are afforded a comprehensive approach to treatment that is fine-tuned to their individualized needs. Regarding program weaknesses, staff size and lacking treatment for youth were mentioned. Most programs reviewed also lacked 'diversity' in their clients.

Interviewees were asked what could be done to better the program. Suggestions included dealing with clients who suffer from Post Traumatic Stress Disorder, increasing interaction with the mental health community, integrating more peer support and family group sessions, and offering alumni services.

## **Conclusions**

The partial hospitalization programs that participated in the peer site review have demonstrated their commitment to client recovery. Staff interviewed generally believe that the services they provide and the methods in which they do so are beneficial to the client in need. As many of these individuals receiving services have received other treatment in the past, staff are cautious to not stigmatize or pathologize the drug and alcohol issues that the clients face. Many opportunities and modalities are present within the treatment programs that clients are able to utilize to best fit their recovery. Though the process did not seek out statistics on client success or outcomes, based off of feedback from interviewees one can assume that the services delivered in partial hospitalization do, indeed, have a positive impact on the lives of the clients.

Staff at the sites reviewed also have a tendency to understand the client's circumstances, perhaps due to many staff being involved in recovery themselves. Though this can blur lines at times, it seems that program management does a good job of keeping these lines as clear as possible. It is this management that is also said to be highly respectful of the program's employees and works to ensure that staff are afforded opportunities to not just earn a pay check, but to grow personally and professionally.

Overall the programs tend to be run well, with high levels of professionalism, and are highly thought of by staff and clients. There were only a couple over-arching issues present throughout the programs that seemed to be problematic. Staff-to-client ratios are thought to be prohibitive in many instances, and at times may impede on delivering the best client care possible. Paperwork and insurance regulations are also widely known to cause issues with service delivery. But these issues occur every year, in every peer review process, no matter what the program. In today's budgetary times, these will mostly likely be issues no matter what program is being reviewed.

Most issues brought up can be addressed at the local level. With the management in place within most of these facilities, as well as resources on hand at their home agencies, it can be assumed that the program staff will continue to deliver high end services to clients within a caring and comfortable environment that fit their individualized needs.

## **Reviewer Comments**

At the conclusion of each visit, each reviewer was asked to fill out a brief five question survey giving their thoughts and opinions on various aspects of the process. The following is a cumulative summary of their comments.

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

Most reviewers commented that they learned a great deal about the site that they visited. Dialogue was opened that will allow for future collaboration. They tended to gain insight into the way other facilities and partial hospitalization programs provide services. Some received a facility tour which was noted as being helpful.

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

Reviewers suggested adding questions about outcomes and client satisfaction, safety techniques or practices, and program structure. One reviewer suggested adding a review with a current client to gather their input.

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

For some the process was too lengthy, as the reviews took upward of two hours per person. At some sites, persons not appropriate for the reviews were made available, and therefore did not offer many answers. A couple interviewees noted that the facility the program was housed in was not that of the agency, therefore issues finding the program arose.

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

Most reviewers had positive feedback and feelings about the specific site they visited. Many commented on how accommodating the staff and management were that they visited. There were some instances however of staff not being welcomed.

### ***How could the entire process be made better?***

Many of the respondents felt that overall the process went smoothly and they enjoyed the opportunity to participate. It was suggested that the survey questions could have been structured differently for better 'flow'. In addition, some suggested to have the process computerized or an option for it not to be hand-written.

## **Appendix A: Reviewer Guide**

# Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs

## 2011-2012 Peer Site Review Reviewers Guide

### Partial Hospitalization Programs

MERCYHURST  
UNIVERSITY



*Prepared by the  
Mercyhurst University Civic Institute*

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## ***Introduction***

Thank you for taking the time to be part of the Pennsylvania Department of Health, Bureau of Drug and Alcohol Program's (BDAP) Peer Site Review Process. This annual initiative aims to have agencies throughout the state spend time with each other to find out more about the successes and challenges for each participating site. The end goal is to have the agencies utilize each others' 'best practices' to help strengthen their own programs. Each year, a different program under BDAP is selected for the review process. For 2011-2012, BDAP has chosen to review *Partial Hospitalization Programs*, which is why you were contacted for participation.

Though the site reviews are conducted by peers from similar agencies, a third party intermediary is contracted to oversee the process. The Mercyhurst Civic Institute (MCI) will be coordinating the activities. As in the past, there are many goals of the BDAP Peer Review Process. Here are just a few to note:

- 1. Provide BDAP with information to provide assistance in program development*
- 2. Provide BDAP with information that will allow it to work with individual sites in strengthening their services*
- 3. Conduct best-practice research so that similar sites to learn from each other*
- 4. Meet provisions set forth by funding streams*

It is our hope that the culmination of the above goals will lead to more effective and efficient practices for participating facilities. Again, we thank you for making this effort possible. We look forward to working with you on this project!

George Fickenworth, MBA  
Assistant Director  
Mercyhurst Civic Institute

Kristen Burillo, MA  
Senior Research Analyst  
Mercyhurst Civic Institute

### ***Timeframe and Project Flow Chart***

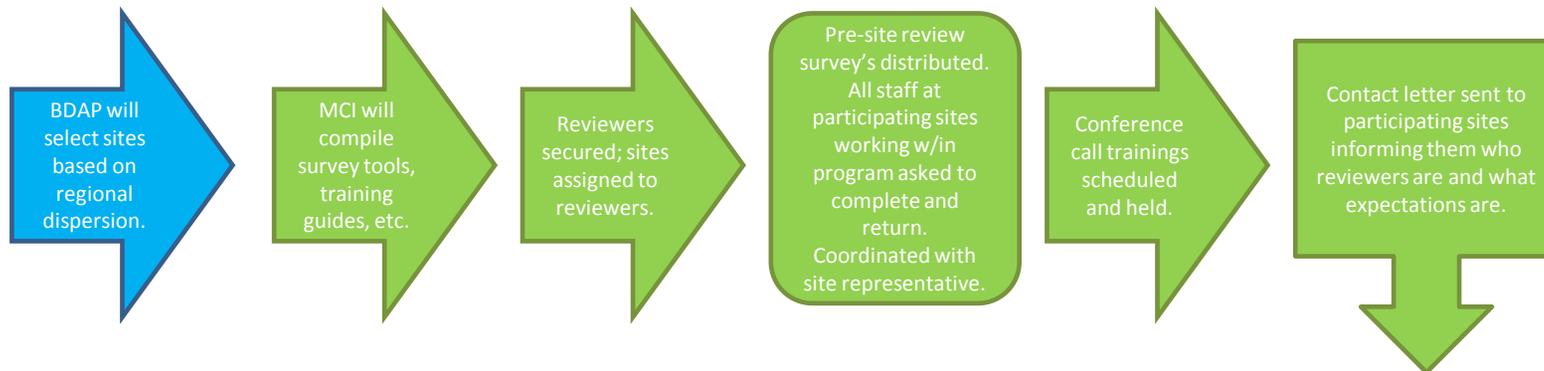
The primary piece of this project for the reviewers will be conducted in spring of 2011. The “front-end” and “back-end” of the BDAP Peer Review process are carried out by representatives from BDAP and staff of the Mercyhurst Civic Institute. The middle portion consists of the site reviews, which are conducted by peer reviewers (yourself included). The following page consists of a flow-chart and timeline of the steps in the process.

Items **highlighted in Blue** are those items to be handled by BDAP.

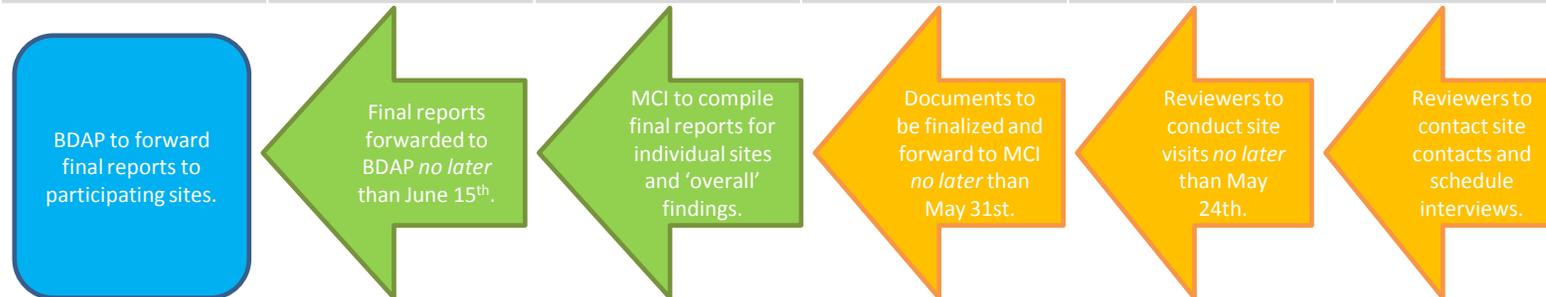
Items **highlighted in Green** are responsibilities of MCI.

Items **highlighted in Orange** are items for which you, the reviewer, are responsible.

**Pennsylvania Bureau of Drug and Alcohol Programs 2011-2012 Peer Site Review  
Reviewers Guide**



Fall 2011	Winter 2011-2012	January/February 2012	March 2012	Week of March 5th, 2012	March 2012
Program chosen based off of past reviews conducted, and minimum number needed to fulfill requirements.	Tools used focused on org. behavior and programmatic operations; minimal focus on statistics and demographics.	MCI and BDAP will place reviewers as close as possible to 'home base' in order to minimize travel; due to geography and program placement in state, some may travel further.	Coordinated and distributed by MCI. Mailed back directly to MCI. Results used to tweak site survey, and for reporting analysis.	Two calls held; reviewers are asked to participate in one of them. Thorough review of project and instructions expectations will be discussed.	Main contact at sites will be introduced to begin next phase of review. Paired up reviewers will begin to coordinate their schedules with each other



Final two weeks of June/early July 2012	June 2012	May/June 2012	Upon finishing site reviews	April / Early May 2012	Weeks of March 12 <sup>th</sup> and March 19 <sup>th</sup> , 2012
Final reports will be reviewed by BDAP and once approved sent by their methods.	Date of June 30 to meet program requirements.	Use findings of pre-survey, site interviews and supplementary data.	Use checklist in back of reviewers guide to assist with what needs to be sent back. Info on reimbursement/stipend included as well.	Done on scheduled dates.	Done by Senior reviewers. Coordinate times/dates with both reviewers, as well as time with sites. Please do so at least 2 weeks in advance and notify MCI immediately.

### **Site Surveys**

The site survey is the primary qualitative piece for this process and is what your review team is responsible for completing. Each reviewer will be paired with a second partner reviewer and assigned a site to visit and conduct the review. The site will be as geographically compatible to each reviewer as possible. Each reviewer will be provided appropriate contact information, as well as directions to each site. The following focuses on the steps of the flowchart for which the reviewers are responsible.



Reviewers are required to participate in one of two conference calls scheduled by MCI. The purpose of the calls, which will last approximately one hour, is to go through the reviewer guide. The discussion should clarify the reviewer's role as well as help the reviewers become familiar with the survey tool that will be utilized at the site visit.



One reviewer from each pair will be asked to assume the role of senior reviewer for the process. The senior reviewer will be responsible for contacting the assigned site and scheduling the site visit. Once the site visit is scheduled, please notify MCI immediately by contacting George Fickenworth at 814-824-2183, or by email at [gfickenworth@mercyhurst.edu](mailto:gfickenworth@mercyhurst.edu). An appropriate number of review packets will then be sent by MCI to each review team.



The review packets, which include blank survey tools, should be taken with you on the day of the site visit. It is very important that you record responses completely and write legibly. Some reviewers have taken laptops and typed the information. If you choose to record responses electronically, please save the responses from each interview in an individual file. Each site will be asked to have six staff available for interviews on the date of the scheduled review. Each reviewer will therefore interview three staff members using the provided interview tool.



In addition to the completed review packets, reviewers need to submit the completed reimbursement form (see page 12). Reviewers will be paid a stipend of \$400 for their participation. They will also be reimbursed for mileage and other travel expenses such as tolls, meals, mileage, and if necessary, hotel costs. All receipts for expenses **MUST** be itemized and accompany the reimbursement form. Reimbursement should not exceed the federal government's allowable costs for food and lodging in the area of visit. When submitting the form, please also include a photocopy of your driver's license.

### **Check List**

A checklist identifying key tasks for reviewers is located on page 10. Please refer to this document throughout the process.

**Reviewers and Assigned Sites**

<b>Site</b>	<b>Reviewers</b>	
Harbor Counseling Att Doug Candelario 7095 Route 287 Wellsboro, PA 16901 570-724-5272	Marworth Att William Poray Lily Lake Road, PO Box 36 Waverly, PA 18471 570-563-1112	A Better Today Att Vince Carolan 1339 North Main Ave Scranton, PA 18508 570-344-1444
The Care Center Att Kelly McKeivitt 75 East Maiden St, Suite 100 Washington, PA 15301 724-222-2687	Greenbriar Treatment Center Att Holly Martin 800 Manor Drive Washington, PA 15301 724-225-9700	Mercy Behavioral Health at East Commons Att Richard Takacs 412 East Commons Center Pittsburgh, PA 15212 412-323-4500
Marworth Att William Poray Lily Lake road, PO Box 36 Waverly, PA 18471 570-563-1112	BGI of Brandywine Att Lisa Olander 1375 Newark Road, PO Box 787 Kennet Square, PA 19348 610-268-3589	UHS Recovery Center Att David Dorschu Brookhaven, PA 19015 484-490-1067
Greenbriar Treatment Center Att Holly Martin 800 Manor Drive Washington, PA 15301 724-225-9700	Freedom Center for Women at Turning Point Att Dana Rex PO Box 1030 Franklin, PA 16323 814-346-7165	Twin Lakes Center Att Brooke McKenzie PO Box 909 Somerset, PA 15501 814-443-3639

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<b>Site</b>	<b>Reviewers</b>	
BGI of Brandywine Att Lisa Olander 1375 Neward Road, PO Box 787 Kennet Square, PA 19348 610-268-3589	Wyoming Valley Alcohol and Drug Services Att Jason Harlen 437 N Main St Wilkes Barre, PA 18705 570-820-8888	Wyoming Valley Alcohol and Drug Services Att Ryan Hogan 437 N Main St Wilkes Barre, PA 18705 570-820-8888
Freedom Ctr for Women at Turning Point Att Dana Rex PO Box 1030 Franklin, PA 16323 814-346-7165	Harbor Counseling Att Doug Candelario 7095 Route 287 Wellsboro, PA 16901 570-724-5272	The Care Center Att Kelly McKeivitt 75 East Maiden St, Suite 100 Washington, PA 15301 724-222-2687

***Please review the following to make sure that you have done each before completing your portion of the Peer Review***

***Did you:***

Not  
Applicable

Yes

No

_____	_____	_____	Participate in conference call with MCI to discuss reviewer guide
_____	_____	_____	Make contact with other Peer Reviewer you are conducting review with
_____	_____	_____	Make initial contact with site to introduce self and schedule review
_____	_____	_____	Acquire proper directions to site
_____	_____	_____	Bring copies of survey tools to sites
_____	_____	_____	Tour facility
_____	_____	_____	Fill out six site review tools properly, completely, and legibly
_____	_____	_____	Fill out reimbursement form and attach proper receipts and copy of driver's license

### ***Tips for Conducting an Interview***

- Schedule a time that is mutually convenient for you and your interviewee
- Be prepared—become familiar with the information/questions in advance
- Arrive on time
- Attempt to conduct the interview in a place that is private and free from distraction
- Explain the purpose of the interview before beginning
- Ask open-ended questions
- Attempt to remain as neutral as possible
- Ask direct questions in a form that gets at specific information but that also leaves the interviewee free to choose their own words
- Avoid asking questions that suggest answers or that assume
- Ask appropriate follow-up questions if the interviewee’s answer or tone suggests that an area should be further explored
- Be very observant—pay attention to non-verbals
- Maintain friendliness, yet professionalism, during your conversation
- Express sincerity during the interview
- Remember to obtain information about the “how” and the “why”, not just the “what”
- Don’t lose control...let them say what they want, but not necessarily as a ‘venting’ session
- Make sure you give them your contact information at the conclusion should they need to follow up with comments
- Write down any environmental observations you may become aware of during the interview
- Work as a team!
- Record thoroughly and write legibly

**Reimbursement Form**

Reviewer Name:	
Social Security number	
Site Reviewed:	
Date Reviewed	

\*\*Please attach a photocopy of your current driver’s license.

MILEAGE				
	Total Miles Driven	x	Mileage rate	TOTAL DUE
To facility from home			0.51	
From home to facility				
<b>TOTAL MILEAGE DUE</b>			<b>0.51</b>	

<b>Total Mileage Due</b>	
<b>Total Additional Expenses Due</b>	
<b>Reviewer Stipend:</b>	<b>\$400</b>

<b>TOTAL TO BE PAID TO ABOVE:</b>	
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Signature of Reviewer and Date

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Mercyhurst Civic Institute Authorized Signature and Date

***NOTE: All expenses claimed MUST be submitted with receipt to be processed and reimbursed.***

**Pre-Survey**

As part of the Bureau of Drug and Alcohol Program Peer Review Process, we are inviting all staff at the selected sites to participate. This survey is designed to help us understand organizational culture specific to the Partial Hospitalization program at your agency. We ask that you please take the time to complete this survey. Your input will be added to qualitative results from interviews that will take place in spring 2012.

A list of statements regarding various aspects of your organization follows. Please read each statement and circle your level of agreement for each. There are five choices, where a 5 means you Strongly Agree with the statement and a 1 means you Strongly Disagree with the statement. If the statement does not apply to you or your organization, please utilize the Not Applicable choice. Please do not skip any of the items.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Sure/Not Applicable
1.	Our program tracks and evaluates the progress of clients in a useful manner.	5	4	3	2	1	N/A
2.	Our staff members do a thorough job of assessing client problems and needs.	5	4	3	2	1	N/A
3.	Staff members are willing to try new things to improve treatment.	5	4	3	2	1	N/A
4.	Staff members are able to build rapport with clients in a reasonable amount of time.	5	4	3	2	1	N/A
5.	Services are provided in accordance with the client's treatment plan.	5	4	3	2	1	N/A
6.	Program staff understand how this program fits as part of the treatment system in our community.	5	4	3	2	1	N/A
7.	We are able to meet the needs of our clients with the services currently offered.	5	4	3	2	1	N/A
8.	I am satisfied with the training available to staff.	5	4	3	2	1	N/A
9.	I trust the professional judgment of my coworkers.	5	4	3	2	1	N/A
10.	Staff members cooperate with one another in a way that supports the program.	5	4	3	2	1	N/A
11.	Resources are available for me to perform my expected job duties.	5	4	3	2	1	N/A
12.	Staff members feel that they are supported by management.	5	4	3	2	1	N/A
13.	Management possesses a great deal of <i>treatment</i> knowledge.	5	4	3	2	1	N/A
14.	Management possesses a great deal of <i>administrative</i> knowledge.	5	4	3	2	1	N/A
15.	Upward advancement and professional growth are possible.	5	4	3	2	1	N/A
16.	We have adequate program staff to meet the needs of clients.	5	4	3	2	1	N/A
17.	Clients view this program as beneficial to their treatment.	5	4	3	2	1	N/A
18.	Program staff are always informed of therapeutic decisions that affect clients.	5	4	3	2	1	N/A
19.	Staff members accurately match client needs with interventions.	5	4	3	2	1	N/A
20.	Staff perform job duties as written in their job description.	5	4	3	2	1	N/A
21.	Clients are encouraged to develop social supports outside of the program.	5	4	3	2	1	N/A

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		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Sure/Not Applicable
22.	Staff members are trained to work with clients in culturally diverse situations.	5	4	3	2	1	N/A
23.	Clients receive the best services possible in our program.	5	4	3	2	1	N/A
24.	There are open discussions about program issues.	5	4	3	2	1	N/A
25.	Group sessions are effective in treating our clients.	5	4	3	2	1	N/A
26.	Clients' treatment is adjusted based on their changing needs.	5	4	3	2	1	N/A
27.	Staff members consistently adhere to the policies and objectives of the program.	5	4	3	2	1	N/A
28.	An appropriate amount of focus is placed on relapse prevention.	5	4	3	2	1	N/A
29.	Aftercare planning is a primary focus of helping clients.	5	4	3	2	1	N/A
30.	Client records are complete.	5	4	3	2	1	N/A
31.	Treatment goals are realistic and tied to individual treatment plans	5	4	3	2	1	N/A
32.	Discharge/termination criteria are clear.	5	4	3	2	1	N/A
33.	Employees are paid wages and benefits that would be deemed appropriate and comparable with other similar agencies.	5	4	3	2	1	N/A
34.	Support staff is treated with dignity and respect by upper management.	5	4	3	2	1	N/A
35.	There is an open line of communication between upper management and program line staff.	5	4	3	2	1	N/A
36.	Staff members have knowledge of the problems experienced by our client population.	5	4	3	2	1	N/A

Below are general themes regarding organizational activities and traits. Please rate your agency's overall performance for the following areas by circling the most appropriate response for how you feel the agency performs in each category.

	Very Strong	Strong	Neutral	Somewhat Weak	Weak
Communication	5	4	3	2	1
Management Performance	5	4	3	2	1
Technological Access	5	4	3	2	1
Working Conditions	5	4	3	2	1
Professional Development	5	4	3	2	1
Relationships with Other Agencies	5	4	3	2	1

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	<b>Very Strong</b>	<b>Strong</b>	<b>Neutral</b>	<b>Somewhat Weak</b>	<b>Weak</b>
Agency Perception within Treatment Community	5	4	3	2	1
Staff-Client Relationships	5	4	3	2	1
Staff Turnover	5	4	3	2	1
Cultural Sensitivity	5	4	3	2	1
Staff Professionalism	5	4	3	2	1
Staff Morale	5	4	3	2	1
Peer Staff Relationships	5	4	3	2	1
Staff-Management Relationships	5	4	3	2	1

The following items are those that pertain to required activities in BDAP's Treatment programs. Please rate your agency's overall performance for the following areas by circling the most appropriate response for how you feel your agency performs in each item.

	<b>Very Strong</b>	<b>Strong</b>	<b>Neutral</b>	<b>Somewhat Weak</b>	<b>Weak</b>
Treatment Components/Programming	5	4	3	2	1
Intake Process	5	4	3	2	1
Treatment Planning	5	4	3	2	1
Aftercare Planning	5	4	3	2	1
Medication Management	5	4	3	2	1
Client Record Maintenance	5	4	3	2	1
Uniform Data Collection	5	4	3	2	1
Development of Compliance Plan	5	4	3	2	1
Abiding by HIPPA Regulations	5	4	3	2	1
Facility Staffing	5	4	3	2	1
Ongoing Training and Continuing Education	5	4	3	2	1

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Partial Hospitalization programs encompass many unique facets that must meet certain quality standards. Please circle the answer that best illustrates the overall quality of each of the following client service areas.

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Psycho-educational Seminars	4	3	2	1
Case management	4	3	2	1
Structured positive social activities	4	3	2	1
Access to more intensive levels of care	4	3	2	1
Supportive/cooperative work programs	4	3	2	1
Collaboration between treatment teams and service agencies	4	3	2	1

Thank you for participating in the BDAP peer review pre-survey. Please place your anonymous pre-survey in the business reply envelope and return to your survey coordinator.

### ***Glossary of Key Terms/Abbreviations***

BDAP	Bureau of Drug and Alcohol Programs
Interview tool	See “survey tool”
MCI	Mercyhurst Civic Institute; contracted by BDAP to coordinate and oversee the peer review process
Pre-survey	Assessment tool distributed to all program staff by MCI prior to the site visit; the reviewer is not responsible for anything associated with the pre-survey
Review team	Pair of reviewers that is assigned to conduct a site visit together
Senior reviewer	One person from each review team who is chosen to assume additional responsibilities, such as contacting the site schedule the review and assuring that all materials are returned to MCI in a timely manner.
Site contact:	The representative from one of the agencies that will be reviewed who should be contacted to schedule a site visit.
Survey tool	Questions utilized by the reviewers to conduct the interviews at the site visits; should be completed and returned to MCI