

Pennsylvania Department of Drug and Alcohol Programs

2013-2014 Peer Review Process

Residential Women's and Children's Treatment Programs

Cumulative Site Results

Prepared by the Mercyhurst University Civic Institute



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Project Methodology

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

For the 2013-2014 fiscal year, DDAP chose to review residential women’s and children’s treatment programs. The following six sites participated in the review process:

- Family Links
- Gaudenzia Vantage House
- Libertae Family House
- My Sister’s Place
- RHD Family House
- Sojourner House

Once DDAP representatives secured participating sites, reviewers were recruited to conduct site visits. One of the most interesting and unique aspects of this initiative is that representatives from other agencies visit and conduct interviews with their peers, affording them the opportunity to learn best practices in a hands-on discussion-oriented environment. Participants also develop network resources that can be used in their professional careers. The following table shows the sites reviewed with the corresponding reviewers and date of visit.

Site	Reviewers	Date of Review
Family Links	Sharon Jones (Sojourner House)	April 21, 2014
Gaudenzia Vantage House	Kate Vandegrift (My Sister’s Place)	April 18, 2014
	Kimberly Mast (My Sister’s Place)	
Libertae Family House	Paula Kiernan (Vantage House)	May 9, 2014
	Florence Paige (Vantage House)	
My Sisters Place	Avis McGhee (RHD Family House)	May 14, 2014
	Jackie Lanza (RHD Family House NOW)	
RHD Family House	Connie Karasow (Libertae)	May 13, 2014
	Angie Gilbert (Interim House West)	
Sojourner House	Paul Tedesco (Family Links)	May 13, 2014
	Anitra Lyles (Family Links)	

The Mercyhurst University Civic Institute (MCI) has been assisting DDAP with the coordination and analysis of the peer review process since the 2006-2007 fiscal year. The MCI, based in Erie, PA, has a history of conducting program evaluations for state and local juvenile, family, criminal justice, and drug and alcohol programs. DDAP representatives and MCI staff structured the review process in a manner that focused on qualitative information such as strengths, weaknesses, and organizational behavior, while placing less emphasis on statistics and demographic data. Additionally, methods were developed in order to maximize the number of program staff who could contribute their opinions to the review of their site. The MCI utilized a similar methodology for the process in the 2013-2014 fiscal year, as it worked well during previous years.

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 30 questions based on various organizational behavior traits. The second section consisted of rating organizational performance on 16 general activities and traits. The third and fourth sections related to how well the program addresses specific areas of concern for the women in the program, as well as the *children of the women* in the program. A copy of the pre-survey can be found in the Reviewer Guide located in the Appendix of the Cumulative Site Report accompanying this document.

The actual site visits served as the second step for gathering information for the Peer Site Review process. MCI staff designed a tool that would guide the reviewers in their interviews with agency staff. Eighteen core components (i.e. treatment planning, communication, staff morale, program and agency perception, etc.) were identified, with numerous questions suggested for each area. The complete site visit survey tool can be found in the Reviewer Guide located in the Appendix of the Cumulative Site Report accompanying this document. Interviewee responses can be found in each site's individual reports.

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

In order to prepare the reviewers for the site visits, an in-depth reviewer's guide was developed and sent to participants. This guide included all materials needed to conduct the review, all relevant contact information, reimbursement forms, interviewing tips, and a description for each question on the site visit survey tool. Reviewers were asked to participate in one of two conference calls (March 19th or March 24th) led by MCI staff. The focus of the conference call was to review the training manual, the questions on the site visit survey tool, and the responsibilities of the site reviewers.

Prior to the conference calls, site contacts were informed that a reviewer would be in touch within the next two weeks to set up a date for the visit. In addition, it was requested that each site have six staff available for interviews on the day of the site review. Once the reviews were completed, reviewers were asked to report back to MCI with review findings by May 30th. MCI staff then compiled final results for each individual site as well as an overall analysis. A final report was compiled and delivered to DDAP officials at the end of June 2014.

Pre-Survey Results

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

Part One

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

N = 82; Read as percentages	SA&A	Neutral	SD&D
<i>Our program provides clients appropriate access to medical consultations and tests if needed.</i>	89.2	9.6	1.2
<i>Our program staff take adequate steps to ensure client confidentiality.</i>	87.8	7.3	4.9
<i>Staff members are able to build rapport with clients in a reasonable amount of time.</i>	87.8	9.7	2.4
<i>Clients are encouraged to participate in positive social activities.</i>	86.8	9.6	3.6
<i>Our program staff are able to collaborate well with key agencies in our community.</i>	86.4	9.9	3.7

N = 82; Read as percentages	SA&A	Neutral	SD&D
<i>Clients are made well aware of the program expectations when they are admitted.</i>	82.7	8.6	8.6
<i>Clients are connected with needed aftercare services.</i>	82	14	3.8
<i>Staff members are willing to try new things to improve treatment.</i>	80.5	14.6	4.9
<i>Clients' treatment is adjusted based on their changing needs.</i>	80.3	15.6	3.7
<i>The interventions utilized are useful in meeting clients' needs.</i>	79	17.2	3.7
<i>My personal workspace is conducive to completing my job responsibilities.</i>	78.3	9.9	12
<i>The community has a favorable view of our program.</i>	78.2	16.6	5.1
<i>Our staff members do a thorough job of assessing clients' problems and needs.</i>	78.1	17.1	4.8
<i>Staff begin coordinating aftercare services for clients at the appropriate point in their treatment.</i>	78	16.8	5.2
<i>Staff members have knowledge of the challenges faced by our clients.</i>	76.8	17.1	6.1
<i>Our physical building is conducive to meeting our clients' needs.</i>	75.9	9.9	14.4
<i>I am satisfied with the training available to staff.</i>	75.9	15.7	8.4
<i>Clients view this program as beneficial to their treatment.</i>	75.7	19.5	4.9
<i>Our agency creates an environment in which professional growth is encouraged.</i>	75.6	11	13.4
<i>Staff members maintain appropriate professional boundaries with clients.</i>	75.6	14.6	9.7
Staff members cooperate with one another in a way that supports the program.	73.2	18.3	8.5
Our program has a clear definition of client success.	71.3	17.5	11.3
Clients have access to occupational and vocational counseling.	70.2	20.1	9.5
Our program staff have access to technology as needed.	68.3	15.8	15.9
I trust the professional judgment of my coworkers.	67.1	29.2	3.7
Staff members feel they are supported by management.	61	21.9	17.1
Staff members report a sense of high morale.	58.2	29	12.6
We have adequate staff in place to meet our clients' needs.	56	19.5	24.4
Staff members communicate well with one another.	53.6	31.7	14.6
Employee wages and benefits are appropriate and comparable with other similar agencies.	28.6	31.1	40.3

Summary

Overall, 20 of the 30 statements were met with high levels of agreement. Six of the statements were met with over 85% agreement or strong agreement. Though none of the statements had 100% agreement or strong agreement, most had very low levels of disagreement or strong disagreement. None of the statements were identified as being high disagreement or low agreement. The area that rated lowest by respondents was “Employee wages and benefits are appropriate and comparable with other similar agencies”, (28.6 Strongly Agree/Agree, 40.3 Disagree/Strongly Disagree).

Part Two

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

n = 82; Read as percentages	VS & S	Neutral	W & SW
<i>Relationships with Other Agencies</i>	86.3	7.5	6.3
<i>Staff- Client Relationships</i>	83.8	11.3	5.1
<i>Treatment Planning</i>	79.8	15.2	5.1
<i>Treatment Components/ Programming</i>	78	19.5	2.6
<i>Intake process</i>	77.2	17.7	5.1
<i>Perception within Treatment Community</i>	77	17.9	5.1
<i>Staff Professionalism</i>	75	17.5	7.5
Peer Staff Relationships	73.8	20	6.3
Professional Development	73.8	15	11.3
Staff- Management Relationships	72.1	16.5	11.4
Management Performance	71.3	17.5	11.3
Working Conditions	71.3	12.5	16.3
Aftercare Planning	70.6	20.5	9
Communication	66.3	21.3	12.5
Technological Access	62.6	20	17.5
Staff Morale	61.3	23.8	15.1

Summary

Seven of the 16 topics were said to be very strong or strong within the respondents' corresponding agency. Two of the topics had over 80% of respondents saying their agency is strong or very strong in this area; Relationships with other agencies (86.3%), and Staff-client relationships (83.8%). The three lowest rated areas still had over 60% levels of agreement; Communication (66.3%), Technological Access (62.6%), and Staff Morale (61.3%).

Parts Three and Four

The final two sections of the pre-survey asked respondents to note what extent the programs address various issues in working with the program's *women* (Part 3), as well as the *children of the women* (Part 4). Respondents were asked to rate each area as a 4 = A great deal, 3 = Somewhat, 2 = A little, or a 1 = Not at all. The first of the tables that follow pertains to how the programs address issues in working with the women. The second of the two tables rates how they work with the children of the women.

<i>n = 82; Read as a percentage</i>	<i>A great deal</i>	<i>Somewhat</i>	<i>A little</i>	<i>Not at all</i>
A focus on issues specific to women, such as addressing emotional, physical, and/or sexual abuse, single motherhood, difficulties with child care, and establishing oneself in a largely male-dominated society	77.9	13	5.2	3.9
Educational programs that address parenting and child development skills	74	20.8	2.6	2.6
Education meant to improve decision-making skills and self-esteem	68.8	22.1	6.5	2.6
Assistance in locating appropriate housing	66.2	24.7	5.2	3.9
Educational programs that address the reestablishment of the mother- child bond if the child is not in the treatment setting	65.8	19.7	10.5	3.9
Life skills training (e.g. communication skills, budgeting, household management) that can maximize the client's ability to provide a safe, clean environment for herself and her family	62.3	19.5	14.3	3.9
Education in the area of preventative health care	57.1	32.5	7.8	2.6
Educational programs that address prenatal and postpartum effects of substance abuse on children	56.6	30.3	9.2	3.9
Education in legal issues (e.g. child custody, protection from abuse, divorce, and discrimination)	54.5	28.6	13	3.9
Education on eating disorders and referral to treatment, if necessary	37.7	27.3	23.4	11.7

Respondents feel that their program addresses issues specific to women such as emotional, physical, and sexual abuse, etc. a great deal. Most also felt that their program’s educational services address parenting and development skills a great extent. Some areas of concern, however, include education on eating disorders and referral to treatment, education in legal issues, and educational programs to address prenatal and postpartum effects of substance abuse on children.

<i>n = 82; Read as a percentage</i>	<i>A great deal</i>	<i>Somewhat</i>	<i>A little</i>	<i>Not at all</i>
Coordination of services establishing and maintaining public assistance benefits for herself and her children	79.2	18.1	1.4	1.4
A comprehensive service for children that includes a basic assessment, educational opportunities for developmental impairments, a physical and medical evaluation including a review of immunizations and a report of childhood diseases, and referral, if necessary	68.1	20.8	6.9	4.2
Age- appropriate activities to encourage socialization and academic growth	68.1	19.4	8.3	4.2
Child care provided in an environment which promotes developmentally appropriate socialization, language and communication skills, and gross and fine motor skills	66.7	22.2	9.7	1.4
Comprehensive treatment planning integrating parent/child activities and basic child development care	63.9	27.8	6.9	1.4
Coordination of services addressing children’s developmental delays and/or mental health concerns	63.9	26.4	6.9	2.8
Child development and prevention services including basic assessment of each resident child's level of functioning	58.3	27.8	9.7	4.2
Alcohol and other drug education for children, including age- specific children's groups to discuss these issues and improve coping skills	53.5	16.9	16.9	12.7

The programs do a great deal to coordinate services of public assistance for the mother and child, as well as offer comprehensive services for the child. Areas relating to child development and prevention services and drug and alcohol education for children tended to be rated the lowest.

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 residential women's and children's treatment programs were conducted during April and May of 2014 at the six sites listed in the project methodology section. The reviews were conducted by individuals representing other programs from across the state. The following is a cumulative summary of findings from the interviews.

Intake and Client Characteristics

Women who enter residential women's and children's treatment programs are referred from a variety of sources. Two of the most common are prisons and drug and alcohol treatment facilities. Local Single County Authorities tend to play a major role in the process, as well. Some sites have stronger relationships with county level social service agencies, where women may be sent from as well. Most women in the programs are residents of the county that the program is located in, with few exceptions. Women who are admitted to the programs are deemed a good fit due to all of the sites having stringent assessment processes. If a woman is accepted into a program and is found to not be able to meet many of the criteria that lead to success, some of the sites will work with the client to find a program or service better fitted to their needs.

The primary therapists or counselors are responsible for conducting initial assessments; one of the programs reported that an intake counselor is responsible. The assessment processes at all of the sites include biopsychosocial assessments, medical evaluations, and other traditional screenings that one would expect upon entry of a residential treatment program. A significant amount of information on the clients is gathered at each site; that information is utilized for development of treatment plans.

Treatment and Aftercare Planning

Most of the sites reported that the individual who is responsible for conducting the intake assessment is frequently the one who also develops the treatment plan for each client. For most, it is the primary counselor or lead therapist. Some programs work in tandem with other staff to develop the plans. It is not uncommon to have case managers, parent child specialists, or life skill workers participate as well. One thing that is common among all of the sites is that clients are imperative in developing their plans; clients have significant say into what is included and what goals are targeted. This allows for the women to develop 'buy-in' to the process and take greater ownership in their recovery. Though children are part of this program as well, they seldom have any input into the process due to their ages. If the child is involved in children and

family services, this may be incorporated into the plan. It is standard for the sites to review treatment plans at the 30-day mark and to keep reviewing them on a monthly basis. Some sites vary on this a little. Once goals are accomplished, new ones are identified and agreed upon for the client to address.

Women in treatment have various gender-related issues that may need addressed. Interviewees were asked what type of services their program offers for each of the following during treatment. The following is a brief summary of the answers, with full responses for each site found in the Appendix of their individual site report.

- Parenting: a major part of each program's offerings; addressed in both individual and group sessions
- Trauma: Trauma Recovery and Empowerment Model (TREM) groups used to address at most sites
- Mental Health/Psychiatric: part of treatment for the women, but usually through an outside provider; most sites refer out to address these needs
- Medical: while all sites have some sort of coverage (nurses or doctor), it varies from program to program; some have greater access on site, while others have developed relationships with outside entities to serve these needs
- Domestic Violence: addressed internally at all sites to one degree or another; many refer to domestic violence shelters for counseling
- Child Abuse: all sites will work with the local children's services agency to address needs and meet requirements
- Sexual Orientation: most programs will address if it is brought up by the client, but programs do not focus on this as a primary treatment area; often times, outside agencies are utilized to address this topic

The most common therapeutic practices used between the client and therapist at all of the programs reviewed are cognitive behavioral therapy and motivational interviewing. The therapeutic community model is also widely adopted by the programs. Many of the sites also incorporate other evidence-based practices, including TREM and Stages of Change.

The women and children in the programs reviewed have ample opportunities for social recreation. Dances, field trips, and social gatherings are common activities that the women have offered to them at the sites. Children are also taken on day trips to parks, zoos, museums, and other low-cost locations. In some cases, trips to amusement parks or movies are conducted for the children. The reviewed sites all reported that while there are opportunities

for both the women and children, most of the structured social activities encourage time being spent together, not apart.

Case management is a major part of treatment at all of the sites reviewed. Some of the programs provide this themselves in-house, while others utilize outside agencies for this service. In some cases, life skill counselors fill this role for the women. Services provided include making sure the women attend needed meetings, accessing income and medical benefits, and working with the women to seek employment or education.

Aftercare services are addressed in many ways through the programs, but plans are put in place primarily by the lead counselor or therapist with input from case managers and the clients. Most sites reported that the process begins shortly after the women enter the program; much of the work takes place two to four weeks prior to discharge. During the process, the clients have their mental health and drug and alcohol needs addressed. It seems the most important aspect of this process is addressing housing. Unfortunately, it also tends to be the most daunting aspect of aftercare planning for the women. There tends to be a lack of housing options for the women and children in all the communities, and improved housing is high on the 'wish list' of needs by interviewees.

When asked about tracking client success and outcomes, most interviewees were unsure of what their programs do other than look at successful completions. Some noted that the program follows the women and how they maintain sobriety, as well as housing placements, but no agency reported having an in-depth client evaluation tool in place. It is common for the sites to conduct follow-up phone calls or brief satisfaction surveys within the first month of a client leaving.

Systemic Goals

Within the program, there are key components that are likely to be covered at any site that offers residential treatment for women with children. Interviewees were asked how their program specifically addresses the following areas. The following are summaries of their responses; full answers are found for each site in the corresponding appendix.

- Raising awareness of Fetal Alcohol Syndrome Disorders: staff are all trained in this area; women have this addressed in group settings as well
- Coordinating efforts in vocational rehabilitation, workforce development and job training: varies from site to site, with much of this addressed through the program's case manager; some sites work extensively with CareerLink®

- Encouraging collaborations among primary care physicians and medical facilities: mostly handled through providers outside of agency; some programs have strong partnerships with hospitals and health clinics
- Encouraging collaborations among mental health professionals and mental health centers: most of these services across sites are coordinated with outside entities; some programs use many agencies, while others use one or two
- Encouraging collaboration among education entities and educational assistance agencies: CareerLink® and community colleges are partnered with frequently; handled typically by case managers
- Working with children, youth and families to divert children from foster care: all programs reported having strong working relationships with their county's children and family services departments

Staffing Patterns and Behaviors

Most of the staff at the sites reported that morale in their programs is good to high. Staff tend to respect each other, have solid working relationships, and believe in the mission of serving the populations that they do. One site reported that morale was low; however, it was also said to be improving due to the efforts of new leadership. Programs tend to address morale by holding staff lunches and parties to show appreciation, publicly recognizing good work by the staff, and participating in team-building retreats. Turnover rates are higher at some sites than others; often times it is due to staff not being aware of workload issues or seeking better paying jobs. Pay and benefits, while varying across the sites, tend to be on par with other social service agencies in their communities.

Communication issues are the most pressing challenges that both non-management staff and management face in their jobs. Other issues with non-management staff include lack of boundaries with the women, unprofessionalism, and little tolerance for certain issues the women face. Some management was said to be poor on time management and understanding of the day-to-day operations that line staff face. When negative behaviors arise with staff, most sites reported having them addressed in a fair and professional manner. In many cases, staff are encouraged to address issues themselves first, prior to taking a problem to management. If directors become involved, most programs have stringent documentation procedures in place to address a problem.

Staff Relationships and Communication

When asked to describe the relationships between peer staff, peer management, and staff-management, almost all responses revolved around the relationships being respectful, friendly, and open. Staff of these programs definitely tend to enjoy working with their co-workers and have a tendency to overlook most issues that could weigh negatively on relationships. Again, the most pressing aspect that needs improved upon is communication with each other. For work purposes, most communication is done via emails, memos, and other informal processes.

Professional Development

Within the programs, there are required continuing education offerings that staff must attend. DDAP trainings on HIV/AIDS, TB/STD's, confidentiality, and ethics are some of those that staff said are mandatory. Some programs require more, some less. Each of the programs also encourages and offers access to non-mandatory trainings for their staff. Some do this in-house, while others take advantage of extensive networks of training opportunities in their communities. Staff were asked what types of training they don't currently receive that they would find beneficial. Respondents noted medication management, sexual orientation, dealing with client aggression, cultural diversity, methadone treatment, and conflict resolution.

Staff of the programs have various educational backgrounds. Some have Associate degrees, while others have completed at least four years of higher education. It is typical for counselors, lead therapists, and directors to have Master's level education. Other staff have varying education backgrounds; some have Bachelor's degrees, while others have high school diplomas. Upward mobility is possible in some programs; however, one must have the necessary education and experience. Other sites reported that due to limited positions there are not many opportunities to move upward in rank. Some of the programs offer a tuition reimbursement for staff to seek higher education levels.

Working Conditions and Technology

Most of the sites reported having enough physical space to meet their work needs. Though some lack private office space, and counseling session rooms are hard to come by at times, respondents did not feel that these were major obstacles in delivering a high quality of care. For a few of the sites, program location was more of a concern. It seems that some of the facilities are located in high-crime, drug ridden areas. Ventilation and a few structural defects in the buildings were noted as well for areas that could be improved upon.

Most staff have computers and access to emails to complete treatment plans and assessments and correspond with each other. The women in the program are typically not allowed to utilize

technology unless overseen by staff. Even then, it must be for self-improvement uses, such as seeking employment or education.

Program/Agency Perception and Community Relationships

Sites reported that their programs are well respected and received in their communities. There are a few instances of individuals frowning upon the program being located in their neighborhood, but most are supportive or are not even aware that the program is there. Program staff are also supportive of the program and agency they work for, as they are very committed to the mission of caring for the women and children. The programs tend to grow on the clients. Many enter the programs with animosity toward the services and find it difficult to adapt to their new structure. By the time they are discharged, however, these views change dramatically and the women find their stay rewarding.

Interviewees were asked what the program offers women and children with regards to support in various areas. Many of these offerings are also held in the outside community. The following is a summary of responses given, with full answers for each site listed in the Appendix of each individual site report.

- Childcare Assistance: programs all have daycare facilities on site; some sites have certified childcare specialists on staff
- Pregnancy: typically, the programs collaborate with outside medical facilities; assure that the women keep appointments
- Parenting: programs offer groups and individual sessions on this topic; addressed frequently
- Domestic Violence: many utilize shelters and community-based programs to address this topic
- Sexual Trauma: TREM groups are a common offering in the programs
- Psychiatric Comorbidity: most common to have addressed by outside agency
- Housing: while all of the programs address housing, it is a difficult issue for all sites to tackle; lack of transitional housing makes aftercare planning difficult
- Income Support: therapists or case managers work with clients to sign up for public benefits; money management techniques taught by life skills coordinators
- Social Services: therapists or case managers work with clients to sign up for public benefits

Strengths, Weaknesses, and Opportunities

When asked to comment on program strengths and unique attributes, most site respondents noted that their staff and commitment to care are what makes the services special. Most have very strong clinical teams and support staff around them to assure that the women and children are provided the tools needed for recovery. The allowance of children into the program with their mothers is a strong point, as is having on-site child care facilities. All of the programs also reported having strong ties with outside agencies, and most seem to address required service areas in a manner that leads to successful program completion.

There were few program weaknesses noted by interviewed staff. Communication could be improved at many of the sites, and funding may put constraints on time that clients and their children can stay in the program. The most pressing weakness, however, is housing. Some sites cited a lack of housing for the clients while in the program. All sites reported that housing after discharge is a pressing issue, as there is a lack of affordable quality housing for this population.

Site Contact Survey Results

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

Therapeutic Intervention

Individual sessions are typically held once per week, with content focusing on treatment plan goals. Some sites offer more sessions, if needed. Clients attend group sessions at varying frequencies at the sites. Some require daily attendance, while others set a minimum number per week for the women to attend. Group topics vary from site to site, but all are inclusive of recovery-oriented focus. Family sessions are also an option for the clients at most of the sites. While most noted it was not mandatory (at a couple it was), if needed the program will work with the families to help address the woman's recovery goals.

Staffing Issues and Complement

Staffing issues were not reported to be a major pressing problem at the sites. While most reported a few behavioral issues within their programs, the *number* of staff did not seem to prohibit delivery of quality services. There were differences between sites in the number and level of staff on hand. All of the programs had directors, and counselors, but the line staff and support staff varied from program to program.

Client Confidentiality

The programs offer confidentiality training to all staff; this is an area that most sites take seriously. Visitors must sign a confidentiality form, as well. When law enforcement visits, the standard replies are taken from federal confidentiality law "We cannot confirm or deny that person being here." Under a court order they would, however.

Program Administration

Most of the programs have websites which are largely used for educational purposes. Other website uses include trainings, admissions, and event announcements. Regarding payment, the programs accept money from Medicaid and Single County Authorities. Not all of the programs accept self-pay clients; those who do have a set daily rate that they charge.

Collaboration and Community Interaction

Programs collaborate with many different agencies. All of the following were listed as referral sources:

- Single County Authority: all work with the local SCA's; biggest provider of funding
- Prison: most of the programs work with prisons as a referral source; many women enter the programs from here
- Probation offices: strong relationships with probation offices, as they are in contact with the women frequently
- Medical Assisted Treatment providers: not a great deal of use
- Drug and Alcohol facilities: works with on varying levels; some programs incorporate their own treatment, while others work with outside agencies
- Private practice psychiatrists and psychologist: utilized for evaluations and assessments
- Children/youth agencies: tends to be very involved with the women; provide external motivation to maintain commitment to treatment

Appendix: Reviewer Guide

Pennsylvania Department of Drug and Alcohol Programs

2013-2014 Peer Site Review Reviewer Guide

Residential Women's and Children's Treatment Programs



*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 Drug and Alcohol Program's (DDAP) 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 DDAP is selected for the review process. For 2013-2014, DDAP has chosen to review Residential Women's and Children's Treatment 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 University Civic Institute (MCI) will be coordinating the activities. As in the past, there are many goals of the DDAP Peer Review Process. Here are just a few to note:

- 1. Provide DDAP with information to provide assistance in program development*
- 2. Provide DDAP with information that will allow it to work with individual sites in strengthening their services*
- 3. Conduct best-practice research so that similar sites 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
Research Analyst
Mercyhurst Civic Institute

Timeframe and Project Flow Chart

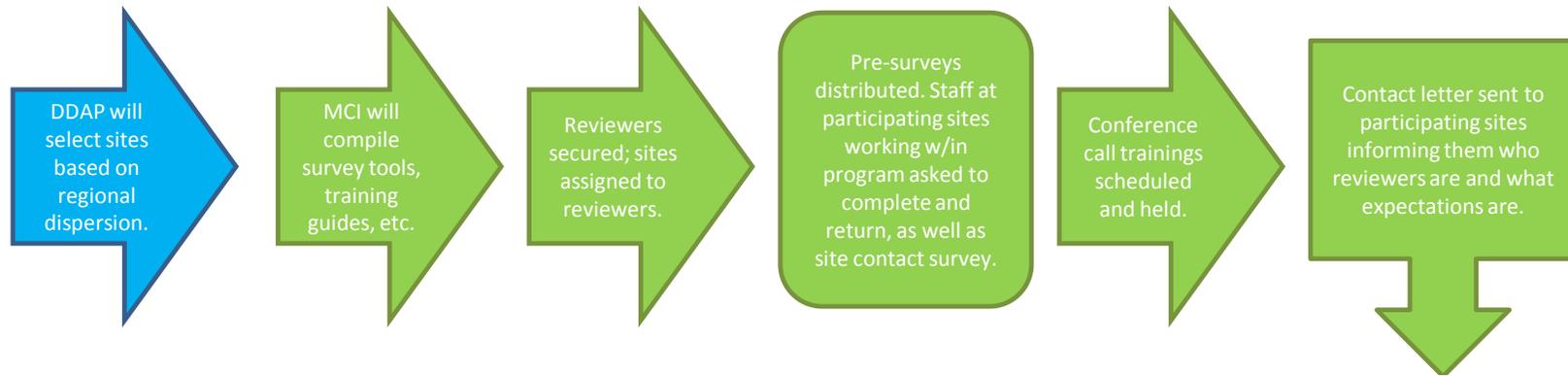
The primary piece of this project for the reviewers will be conducted in Spring of 2014. The “front-end” and “back-end” of the DDAP Peer Review process are carried out by representatives from DDAP and staff of the Mercyhurst Civic Institute. The middle portion consists of the site reviews, which are 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 DDAP.

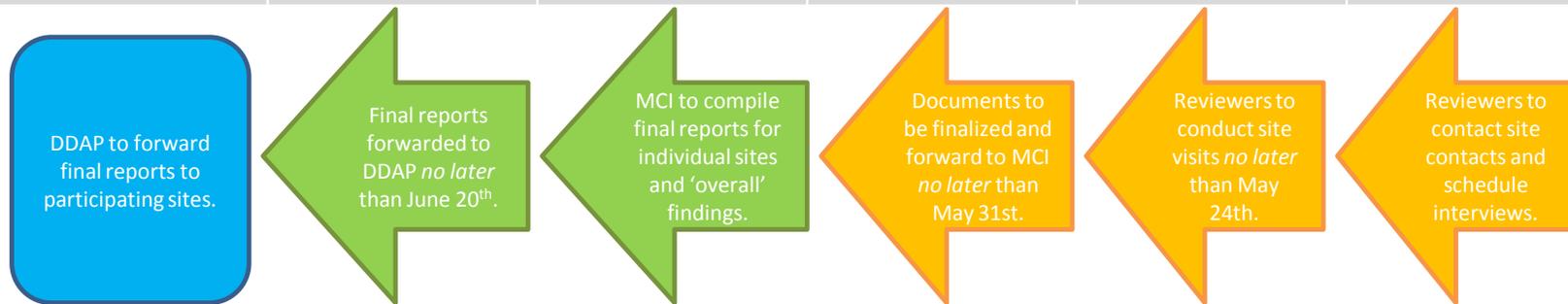
Items **highlighted in Green** are responsibilities of MCI.

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

**Pennsylvania Department of Drug and Alcohol Programs 2013-2014 Peer Review Process
Reviewer Guide**



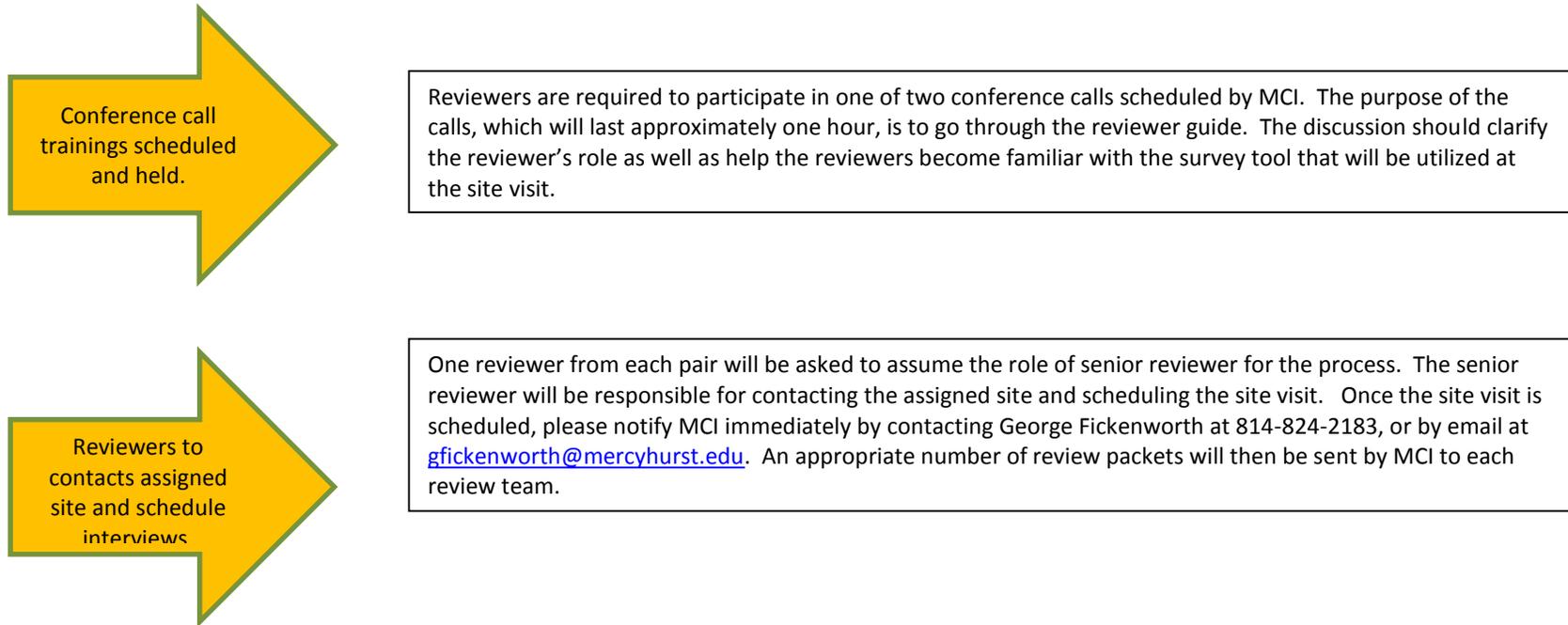
Fall 2013	Winter 2013-2014	February 2014	March 2014	March 19 th or March 24 th	March 2014
Program chosen based off of past reviews conducted, and minimum number needed to fulfill requirements.	Tools used focused on org. behavior and programmatic operations; minimal focus on statistics and demographics.	MCI and DDAP 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.	Reviewers are asked to participate in one of the two calls. 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 2014	June 2014	May/June 2014	Upon finishing site reviews	April/May 2014	Between March 24, 2014 and April 4, 2014.
Final reports will be reviewed by DDAP and once approved, sent by their methods.	DDAP to review prior to finalization.	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 partner reviewer and will visit an assigned site to 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 to conduct
site visits.

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.



Documents finalized and
sent to MCI.

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, etc. All receipts for expenses **MUST** be itemized and accompany the reimbursement form. Reimbursement should not exceed the federal government's allowable MIE rate for area of visitation. 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

Site	Reviewers	
<p>Family Links, Inc Att. Paul Tedesco 843 Climax Street Pittsburgh, PA 15210 412.381.8230 ptedesco@familylinks.org</p>	<p>Sharon Jones Sojourner House 5460 Penn Ave Pittsburgh, PA 15206 412.441.7783 sjones@sojournerhousepa.org</p>	
<p>Sojourner House Att Joann Cyganovich 5460 Penn Ave Pittsburgh, PA 15206 412.441.7783 pam.mcmullen@uhsinc.com</p>	<p>Paul Tedesco Family Links 843 Climax Street Pittsburgh, PA 15210 412.381.8230 ptedesco@familylinks.org</p>	<p>Anitra Lyles Family Links 843 Climax Street Pittsburgh, PA 15210 412.381.8230 alyles@familylinks.org</p>
<p>Gaudenzia Inc. Vantage House Att Paula Kiernan 208 East King Street Lancaster, PA 17602 717.291.1020 pkiernan@gaudenzia.org</p>	<p>Kate Vandergrift My Sisters Place 5601 Kingessing Ave Philadelphia, PA 19143 215.955.8577 mary.vandergrift@jefferson.edu</p>	
<p>Libertae Family House Att Connie Karasow 5245 Bensalem Blvd Bensalem, PA 19020 215.639.8681 cbkarasow@libertae.org</p>	<p>Gaudenzia Inc. Vantage House Att Paula Kiernan 208 East King Street Lancaster, PA 17602 717.291.1020 pkiernan@gaudenzia.org</p>	<p>Florence Paige Att Paula Kiernan 208 East King Street Lancaster, PA 17602 717.291.1020 pkiernan@gaudenzia.org</p>

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Site	Reviewers	
My Sisters Place Att Mary Kate Vandergrift 5601 Kingessing Ave Philadelphia, PA 19143 215.955.8577 mary.vandergrift@jefferson.edu	Dr. Avis McGhee RHD Family House 901 DeKalb Street Norristown, PA 19401 610.278.0700 avis.sawyer-gordon@rhd.org	Jackie Lanza RHD Family House NOW 1020 North 48th Street Philadelphia, PA 19131 215.878.8616 jacquelinel@rhd.org
RHD Family House Dr. Avis McGhee 901 DeKalb Street Norristwon, PA 19401 avis.sawyer-gordon@rhd.org 610.278.0700	Connie Karasow Libertae Family House 5245 Bensalem Blvd Bensalem, PA 19020 215.639.8681 cbkarasow@libertae.org	Angie Gilbert Interim House West 4108 Parkside Ave Philadelphia, PA 19104 215.871.0300 angie@phmc.org

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			0.565	
From home to facility				
TOTAL MILEAGE DUE			0.565	

Total Mileage Due	
Total Additional Expenses Due	
Reviewer Stipend:	\$400

TOTAL TO BE PAID TO ABOVE:	
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Signature of Reviewer and Date

Mercyhurst Civic Institute Authorized Signature and Date

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

Department of Drug and Alcohol Programs Peer Review Process—Pre-Survey

Residential Women’s and Children’s Treatment Program

Your program has agreed to take part in a peer review process conducted by the Pennsylvania Department of Drug and Alcohol Programs. In the upcoming months, select program staff will participate in in-depth interviews focused on key program aspects such as treatment components and communication. Participants will be able to learn about the successes and challenges faced by similar programs. In order to collect quantitative information as well as to receive input from a greater number of staff than the interview process will allow, we are inviting all program staff at the selected sites to participate in this “pre”-survey. We ask that you please take the time to complete this survey. Your input will be added to qualitative results from the on-site interviews. Please note that the survey is double-sided for a total of four pages.

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 5 means you Strongly Agree with the statement and 1 means you Strongly Disagree with the statement. If you are not sure, please answer N/A. 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.	Clients are made well aware of the program expectations when they are admitted.	5	4	3	2	1	N/A
2.	Our staff members do a thorough job of assessing clients’ problems and needs.	5	4	3	2	1	N/A
3.	Our program provides clients appropriate access to medical consultations and tests if needed.	5	4	3	2	1	N/A
4.	Clients’ treatment is adjusted based on their changing needs.	5	4	3	2	1	N/A
5.	The interventions utilized are useful in meeting clients’ needs.	5	4	3	2	1	N/A
6.	Staff members are willing to try new things to improve treatment.	5	4	3	2	1	N/A
7.	Staff begin coordinating aftercare services for clients at the appropriate point in their treatment.	5	4	3	2	1	N/A
8.	Clients are connected with needed aftercare services.	5	4	3	2	1	N/A
9.	Clients have access to occupational and vocational counseling.	5	4	3	2	1	N/A
10.	Clients are encouraged to participate in positive social activities.	5	4	3	2	1	N/A
11.	Our program staff are able to collaborate well with key agencies in our community.	5	4	3	2	1	N/A
12.	Our program staff take adequate steps to ensure client confidentiality.	5	4	3	2	1	N/A
13.	Our program staff have access to technology as needed.	5	4	3	2	1	N/A
14.	Our physical building is conducive to meeting our clients’ needs.	5	4	3	2	1	N/A
15.	My personal workspace is conducive to completing my job responsibilities.	5	4	3	2	1	N/A

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		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Sure/Not Applicable
16.	I am satisfied with the training available to staff.	5	4	3	2	1	N/A
17.	Our agency creates an environment in which professional growth is encouraged.	5	4	3	2	1	N/A
18.	We have adequate staff in place to meet our clients' needs.	5	4	3	2	1	N/A
19.	Staff members cooperate with one another in a way that supports the program.	5	4	3	2	1	N/A
20.	Staff members report a sense of high morale.	5	4	3	2	1	N/A
21.	Employee wages and benefits are appropriate and comparable with other similar agencies.	5	4	3	2	1	N/A
22.	Staff members communicate well with one another.	5	4	3	2	1	N/A
23.	Staff members feel they are supported by management.	5	4	3	2	1	N/A
24.	I trust the professional judgment of my coworkers.	5	4	3	2	1	N/A
25.	Staff members have knowledge of the challenges faced by our clients.	5	4	3	2	1	N/A
26.	Staff members are able to build rapport with clients in a reasonable amount of time.	5	4	3	2	1	N/A
27.	Staff members maintain appropriate professional boundaries with clients.	5	4	3	2	1	N/A
28.	Clients view this program as beneficial to their treatment.	5	4	3	2	1	N/A
29.	The community has a favorable view of our program.	5	4	3	2	1	N/A
30.	Our program has a clear definition of client success.	5	4	3	2	1	N/A

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Reviewer Guide**

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 your program performs in each category.

	Very Strong	Strong	Neutral	Somewhat Weak	Weak
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
Communication	5	4	3	2	1
Staff Morale	5	4	3	2	1
Management Performance	5	4	3	2	1
Peer Staff Relationships	5	4	3	2	1
Staff-Management Relationships	5	4	3	2	1
Staff Professionalism	5	4	3	2	1
Perception within Treatment Community	5	4	3	2	1
Relationships with Other Agencies	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
Staff-Client Relationships	5	4	3	2	1

**Pennsylvania Department of Drug and Alcohol Programs 2013-2014 Peer Review Process
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To what extent does your program address the following considerations in working with **women**? Please use the following scale:

- 4—A great deal
- 3—Somewhat
- 2—A little
- 1—Not at all

___ Education meant to improve decision-making skills and self-esteem

___ A focus on issues specific to women, such as addressing emotional, physical, and/or sexual abuse, single motherhood, difficulties with child care, and establishing oneself in a largely male-dominated society

___ Educational programs that address parenting and child development skills

___ Educational programs that address prenatal and postpartum effects of substance abuse on children

___ Educational programs that address the reestablishment of the mother-child bond if the child is not in the treatment setting

___ Education in the area of preventative health care

___ Life skills training (e.g. communication skills, budgeting, household management) that can maximize the client's ability to provide a safe, clean environment for herself and her family

___ Education in legal issues (e.g. child custody, protection from abuse, divorce, and discrimination)

___ Assistance in locating appropriate housing

___ Education on eating disorders and referral to treatment, if necessary

Please comment on the strengths, weaknesses, or unique offerings that your program has in addressing the above-mentioned needs of women.

**Pennsylvania Department of Drug and Alcohol Programs 2013-2014 Peer Review Process
Reviewer Guide**

To what extent does your program address the following considerations in working with the **women's children**? Please use the following scale:

- 4—A great deal
- 3—Somewhat
- 2—A little
- 1—Not at all

___ Child development and prevention services including basic assessment of each resident child's level of functioning

___ Coordination of services addressing children's developmental delays and/or mental health concerns

___ Child care provided in an environment which promotes developmentally appropriate socialization, language and communication skills, and gross and fine motor skills.

___ Coordination of services establishing and maintaining public assistance benefits for herself and her children

___ Comprehensive treatment planning integrating parent/child activities and basic child development care

___ A comprehensive service for children that includes a basic assessment, educational opportunities for developmental impairments, a physical and medical evaluation including a review of immunizations and a report of childhood diseases, and referral, if necessary

___ Alcohol and other drug education for children, including age-specific children's groups to discuss these issues and improve coping skills

___ Age-appropriate activities to encourage socialization and academic growth

Please comment on the strengths, weaknesses, or unique offerings that your program has in addressing the above-mentioned needs of the women's children.

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

Site Contact Questionnaire

Thank you for participating in the Department of Drug and Alcohol Peer Review process during the 2013-2014 year. Your willingness to let representatives from peer agencies spend time with program staff is greatly beneficial to both the host agency and the reviewers alike. The multiple step process allows for collection of both quantitative and qualitative information regarding the operations of your Residential Women's and Children's Treatment program.

Prior to the in-person site visits, we are asking for your cooperation in obtaining preliminary information about your program. First, please find enclosed in this packet pre-surveys for all staff of this program to complete. More information and directions on administering it are included with those surveys.

Second, attached is a brief survey regarding several components that in the past we would have asked all interviewed staff to answer. Historically, most respondents gave the same answers. Therefore, to shorten the time of each interview, we are asking you as the site contact to answer these questions regarding your program. These questions tend to be 'fact-based' and are not reliant upon interviewee opinions for answers. Once completed, please send this form back to our attention with the collected pre-surveys from your staff.

Thank you once again for your participation in this process. We look forward to working with you on this endeavor.

PA Department of Drug and Alcohol Programs Peer Review Site Contact Questionnaire
Residential Women's and Children's Treatment Programs

Therapeutic Interventions:

How often do clients receive individual therapy? Talk about the content of individual therapy sessions.

How often do clients participate in group therapy? What are common group therapy topics?

How often do clients participate in family therapy? Talk about the content of family therapy sessions.

Client Outcomes

How does your program measure client success?

What outcomes does your program track?

PA Department of Drug and Alcohol Programs Peer Review Site Contact Questionnaire
Residential Women's and Children's Treatment Programs

Staffing issues and complement

How does your program handle client emergencies/crises? For example, is there an on-call rotation and if so, how does it work?

How does the program cover staff shortages due to vacation, illness, turnover, or other factors?

Are there staffing issues that the program regularly faces?

Please indicate how many people fulfill each of the following positions in the residential women's and children's program at your agency.

POSITION	NUMBER	COMMENT
Director		
Counselor		
Counselor Assistant		
Clinical Supervisor/Lead Counselor		
Social Services Counselor		
Psychiatrist		
Psychologist		
Medical Consultant		
Other (specify:)		

PA Department of Drug and Alcohol Programs Peer Review Site Contact Questionnaire
Residential Women's and Children's Treatment Programs

Client Confidentiality

What steps does your program take to ensure confidentiality?

Does your program require vendors to sign confidentiality agreements?

How does your program handle inquiries about clients from law enforcement?

Program Administration

Does your program/agency have a website? If so, what purposes does it serve? If not, would you view one as beneficial?

Please indicate which of the following forms of payment are accepted by your program.

- Private Insurance
- Medicare
- Medicaid
- SCA/Single County Authority
- Self-Pay
- Other (please explain)

If your program accepts self-pay clients, how is the fee determined?

PA Department of Drug and Alcohol Programs Peer Review Site Contact Questionnaire
Residential Women's and Children's Treatment Programs

Collaboration and community interaction				
Please indicate how your program collaborates with the following agencies/areas, including whether they serve as a referral source for the program. Also comment on the strengths and weaknesses of the relationship with each one.				
	N/A	Referral Source?	Strengths	Weaknesses
Single County Authority				
Prison				
Probation Offices				
United Way agencies				
Rape crisis centers				
Medication Assisted Treatment (MAT) providers				
Other D&A treatment facilities				
Partial hospitalization facilities				
Psychiatrists/Psychologists in private practice				
Hospitals				
Children and Youth agencies				
Other:				

Glossary of Key Terms/Abbreviations

DDAP	Department of Drug and Alcohol Programs
Interview tool	See "survey tool"
MCI	Mercyhurst Civic Institute; contracted by DDAP 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.
Site contact survey	The site contact will be asked to fill out a brief questionnaire prior to the site visit. This form consists of questions that have been asked of all interviewees in the past, but responses proved redundant.
Survey tool	Questions utilized by the reviewers to conduct the interviews at the site visits; should be completed and returned to MCI