

Department of Human Services
Addictions and Mental Health

Substance Abuse Prevention and Treatment Block Grant
**INDEPENDENT PEER REVIEW
POLICIES AND PROCEDURES**

I DEFINITION

INDEPENDENT PEER REVIEW (IPR): An organized effort for peers to review and consult alcohol and drug prevention and treatment agencies on the quality and appropriateness of services. The IPR is performed by peers in a hosting agency. IPR conducts and administers this effort free from vested interest.

II INDEPENDENT PEER REVIEW (IPR) OVERVIEW

IPR is one component of a comprehensive quality assurance system. It should be complementary and reciprocal to other quality assurance mechanisms. IPR:

- is required by the Substance Abuse Prevention and Treatment (SAPT) Block Grant ;
- is a professional activity by practicing professionals, and should be based on professional understanding and trust;
- is an educational process for both the agency being reviewed and the professional(s) conducting the review. This educational process then seems to stimulate professional growth and strengthen the profession;
- provides a supportive environment in which professionals can evaluate each other, identify strength and areas for growth, and provide guidance, advice, and instruction on how to improve the quality of care;
- can identify professional strengths, professional competency in knowledge and skills, and positive accomplishments;
- is a primary focus of assessing the quality of care being provided and improvement of the quality of care (ideal vs. minimum level of care);
- incorporates the Network for the Improvement of Addiction Treatment (NIATx) walk-through process;

- is a cyclical process of continually improving professional competency in providing quality care with the completion of each cycle;
- is NOT a monitoring, licensing, auditing or certification process.

III ORGANIZATIONAL ROLES AND RESPONSIBILITIES

Addictions and Mental Health (AMH), the state agency designated by the SAPT Block Grant to:

- maintain oversight IPR responsibility. AMH cannot conduct peer reviews. IPR is conducted by individuals who are not connected in any way with distributing funds, contract monitoring, or certification decision-making.
- make determination regarding service type (treatment or prevention; or adult or adolescent; outpatient or residential)
- ensure at least 5% of block grant contracting providers receive an IPR each year by reviewing county implementation plans under Attachment 1 of the County Implementation Plans.
- notify treatment and prevention providers of this required program, and encourages their voluntary participation via an annual recruitment letter. A clause is to be added to the contract of agencies receiving federal block grant funds, that if less than five percent of the contracting providers volunteer each year, some will be appointed to participate, and that over time, all such contractors will have participated.
- provide support by arranging meetings, supplies materials, takes and distributes minutes, and refunds travel costs.
- take care of reimbursement for travel and lodging costs of the peer reviewers for attending related training and pays an honorarium for peer reviewers conducting on-site visits.
- identify hosting agencies that have contracts and receive federal block grant funds so that appropriate selections may be made.
- evaluate previous year's IPR activities to prepare for the current IPR including reviewing the:
 - list of hosting agencies reviewed in prior years (dates reviewed during the current year);

- annual cumulative report, including recommendations concerning strengths and areas for growth;
- list of professionals who conducted IPR;
- create and/or revise tools necessary for on-site visits.
- recruit potential peer reviewers and hosting agencies:
 - send recruitment letters to treatment and prevention providers and professional organizations, explaining the philosophy, purpose, and scope of the IPR process;
 - screen, select, and train potential peer reviewers;
 - assign peer reviewers and hosting agencies, and contract providers to verify appropriateness of the assignments.
- manage the IPR and is available to the peer reviews, the hosting agencies and to management to answer any questions, provide further explanation of the process, or attend IPR reviews, as appropriate.
- receive reports from the peer reviewer to:
 - review and evaluate the effectiveness and receptivity of the IPR program;
- modify tools, training or other matters depending on provider and reviewer recommendations;
- merge the on-site reports into one summary document / final report and compile recommendations for further action. The final report will not identify deficiencies of any particular provider. The summary report includes recommendations but is not limited to:
 - dates of peer consultation/reviews;
 - description of the walk through experience;
 - summary of findings from the visits;
 - identification of the providers' strengths and areas for growth;
 - recommendations.
- submit a summary report to AMH Management Team, AMH web site, Community Mental Health Programs, peer reviewers and hosting agencies.

- Evaluates the hosting agency and peer reviewers to determine strengths and weaknesses of IPR process.
- develop annual schedules from the list of recruited treatment and prevention service reviewers and hosting agencies. If less than 5% of the block grant contractors volunteer each year, contractors shall be notified that others will be selected, per contract requirements.

IV PEER REVIEWERS

Peer reviewers (PR) are volunteer professionals with a minimum of five years experience in chemical dependency treatment or prevention fields, who complete and return the application sent from AMH and who are selected by AMH to conduct reviews that year. IP have

- qualifications that are a match for the programs to be reviewed;
- no conflict of interest, financially or geographically, among the peer reviewers and hosting agencies; and
- performed the functions within required time frames.
- received training prior to on-site visits including, The training consists of learning how to
 - plan and conduct the consultation/review as a team member, using established protocols to promote consistency and comparability, within required time frames;
 - use tools provided, cover required content, and submit reports as required;
 - maintain confidentiality of patient information adhering to all federal and state confidentiality requirements as stated in 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); and
 - preserve confidentiality of hosting agency information.

The scope and authority of the PR is to:

- assist the hosting agency to identify strengths, areas for improvement, and recommend possible changes in service delivery to improve the quality and appropriateness of prevention and treatment services;
- assess and make recommendations for education and training in skills needed for provision of quality and appropriate prevention and treatment services.

Major responsibilities of the peer reviewer is to:

- schedule one IPR visit, once assignments are made by the AMH Staff, in consultation with the hosting agency assigned, giving the hosting agency adequate advance notice;
- send letter announcing date of visit and a request to complete the Quality Assurance Summary form. This form is to be completed by the hosting agency prior to the site visit.
- review all documents submitted in advance by each hosting agency;
- initiate a NIATx designed walk-through. The following actions takes place during the walk-through.
 - Peer reviewer and one other person (optional) plays the roles of *client* and *family member*.
 - Make sure that the people you select are detail-oriented and committed to making the most of this exercise.
 - Present yourselves as dealing with an addiction with which you are already familiar. This ensures that your walk-through experiences are as realistic as possible and that you are able to consider the needs of people with that particular addiction issue.
 - Act as though you are a typical client (and family member) who plans to attend treatment at your agency.
 - As you conduct the walk-through, observe and record your experiences.
 - Make note of your surroundings and interactions with agency staff and other clients, considering what a client or family member might be thinking or feeling at any given moment.
 - At each step, ask the staff to tell you what changes (other than hiring new staff) would improve the experience for the client, the family member, and the staff. Write down their ideas and feelings as well as your own.
 - Use the [Walk-through Recording Template](#) to record your observations and recommendations. Be as complete as possible when you document your walk-through.

- Be prepared to make a list of the areas that need improvement and the specific changes that you want to make.
 - Make note of those areas that seem to work well and consider using those procedures and processes in other parts of the intake process.
 - Include the perspectives of the client, the family member, and the staff. Both the client and the family member should each record all their thoughts and feelings about this process.
- conduct interviews with program management staff on the daily operation of the agency;
- review a “representative” sample of client records as a means of assessing the quality and appropriateness of provided treatment services. The independent peer review of selected patient/client records must consider the following clinical areas:
 - admission criteria and the intake process
 - assessments
 - treatment planning, including appropriate referrals (e.g. prenatal care, HIV services, other infectious disease services)
 - documentation of treatment service delivery
 - discharge and continuing care planning, and
 - indications of treatment outcomes;
- assure completion of the IPR in a format provided by AMH.
- submit DRAFT report of the findings and recommendations to the provider for review and comment within ten working days of completion of the IPR visit, with a request for the Provider's comments within the next ten working days.
- participate in a agency report debriefing meeting with other peer reviewers and hosting agency contacts.
- incorporate appropriate comments from the provider into the final report within the next ten working days and send the final report to the provider with a copy to the AMH Independent Peer Review Coordinator.

- Complete evaluation form regarding strengths and weaknesses of IPR process and submit to AMH.

V HOSTING AGENCY

Hosting agencies are alcohol and drug prevention and/or treatment agencies that receive SAPT Block Grant funds. Their role is to:

- indicate a willingness to participate in the IPR by completion of the application sent from AMH.
- assist the IPR team in scheduling the date of the IPR within federally required time frames.
- send relevant written materials or brochures, in advance of the visit, to the IPR team members.
- make one or two managerial or supervisory staff with extensive knowledge about program operations available for interviews during the on-site visit.
- inform staff that there will be a NIATx walk through by the peer reviewer.
- arrange for review of a randomly selected sample of five patient records from the Service Element being reviewed.
- aid in evaluation of the IPR and process, providing suggestions for improvement.
- review and comment on the draft report sent to you by the reviewers within ten days of receipt of the report.
- participate in a agency report debriefing meeting with other peer reviewers and hosting agency contacts.
- Complete evaluation form regarding strengths and weaknesses of IPR process and submit to AMH.