

**Report on the Addictions and Mental Health (AMH) Division  
Independent Peer Review Process for 2010**

**Project Overview and Recommendations**

**Independent Peer Review Process Project Overview**

An Independent Peer Review (IPR) process implementation is required each year by the Substance Abuse Prevention and Treatment (SAPT) Block Grant. At least five percent of block grant outpatient addiction treatment service (SE 66) providers must participate. The IPR is an educational process for both the programs reviewed and the professionals conducting the review.

The project had four goals: use reviewers as consultants, focus on outcomes, increase retention by using Network for the Improvement of Addiction Treatment (NIATx) principles, and become a world class treatment program

AMH staff responsibilities included coordination of the IPR process, development of forms and tools, and delivery of trainings to the IPR reviewers and hosting agencies. The trainings provided an overview of the process, introduced the National Outcome Measures (NOMs), and the NIATx walk-through process.

Thirteen addiction treatment providers and five addiction treatment hosting agencies were selected to participate in this project. Peer reviewers had a minimum of five years experience in alcohol and drug treatment, had previously participated in a review process or NIATx walk-through process, or both. The responsibilities of the peer reviewers included scheduling reviews, conducting walk-throughs, reviewing documents, conducting interviews, consulting and writing a report for the hosting agency.

The following sections provide a compilation of feedback from reviewer's evaluation of the project.

• **Highlights of the Agency Site Reviews**

- *Profound level of case management in working with the client and resolving client needs, such as occupation, career, education or housing; and works well with community partners.*
- *Well-rounded services provided, such as peer to peer mentoring program, and adult to child mentoring program.*
- *Strong continuum of services and workforce is dedicated to making great efforts to meet the needs of clients.*
- *Excellent job of integrating the new Integrated Services and Supports Rule (ISSR) requirements into the program.*
- *Enthusiasm voiced regarding counseling and support staff interest in the work they do and support by administration.*

- *Significant case management and employment service performed.*
  - *Utilization of an outcome assessment form that covers majority of the NOMS.*
  - *Clients felt supported and respected and spoke very highly of clinical staff.*
  - *Clinicians are passionate about the work they do; view it as a privilege, and are committed to doing an ethically responsible job.*
  - *Clinical supervision is in excess of the ISSR and it is relevant, timely, purposeful, and effective.*
- **Highlights of the Process**
    - *Process allowed me to connect with other professionals and also learn about other programs and provide helpful feedback to them.*
    - *Helpful to see how other agencies handle the stresses that we experience in our work.*
    - *Webinar training is an efficient way to connect with a number of people without travel.*
    - *Walk through process helps provide feedback to the agency from outside person's experience; both pros and cons.*
    - *Task list was very helpful; lays out time and process to keep us focused on next steps.*
    - *IPR provided "real time" information without all the pressure.*
    - *Allowed me to continue to learn and connect with others in the State; give and receive process.*
  - **Challenges of the Process**
    - *Walk through process can be difficult with very small organizations.*
    - *Questions asked at the review did not relate to the report-out form (narrative summary).*
    - *Issues may not be addressed from the client perspective.*

## **Recommendations**

- *State agency should focus and work with providers on integrating family involvement into treatment process.*

## **Conclusion**

The 2010 IPR process provided valuable information for future policy and procedure development. An analysis of the trends will be developed and provided to AMH Executive Team for further action. Recommendations will be used to make revisions to next years peer review process.

In 2011, efforts will focus on the increase use of people in recovery on our peer review teams and recruitment of people of different ethnicities as reviewers and programs that serve minority populations. AMH will update the review process to incorporate the new requirements of the ISSR.