The Pennsylvania Department of Drug and Alcohol Programs 2021 PEER REVIEW CUMULATIVE SUMMARY

Residential Programs for Women and Women with Children

Cumulative Summary

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Contents

Project Methodology 2
Peer Review Summary of Interim House West 6
  Intake, Treatment Planning and Treatment Delivery 6
  Program Environment 10
  External Relations and Continued Care 11
  Staff Development and Relationships 13
  W3DC Focus Areas 15
  Miscellaneous 18

Project Methodology

The Pennsylvania Department of Drug and Alcohol Programs (DDAP) Annual Peer Site Review was conducted during Spring and Summer of 2021. This process, which is federally mandated as per § 96.136 - § 96.137 45 CFR Subtitle A, The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) requires that DDAP provides for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the Commonwealth to individuals under the program involved, and ensure that at least 5 percent of the entities providing services are reviewed. The programs reviewed are representative of the total population of such entities. Planning for the annual initiative took place in the winter of 2020 with the review process taking place in May and June of 2021.

For the 2020-2021 fiscal year, DDAP chose to review Residential Treatment Programs for Women and Women with Children. This year, a total of 5 programs agreed to take part in the initiative. One of the most interesting and unique aspects of this initiative is that representatives from other agencies 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 programs participated in the process this year:

- Gaudenzia House of Healing (Erie)
- Interim House West (Philadelphia)
- Libertae House (Bensalem)
- My Sister's Place / MATER (Philadelphia)
- Sojourner House (Pittsburgh)

The PA Department of Drug and Alcohol Programs has contracted with the Mercyhurst University Civic Institute (MCI) to facilitate the process since 2005. This partnership allows for a third-party entity to oversee the review process and meet identified outcomes and goals. More information on the MCI as well as their qualifications can be found at www.civicinstitute.org. Surveys and data gathering tools are modified each year to best suit the process of gathering pertinent information for the program type being reviewed. Mercyhurst University Civic Institute staff developed four specific data collection tools to be used in the process this year. A copy of each of the tools can be found in the

Appendix. They are as follows:

All-staff Pre-Survey: an electronic Likert scale questionnaire (developed in SurveyMonkey) was forwarded out to programs. All staff within the program were asked to complete this brief assessment piece. The purpose of this instrument is to allow for a greater number of program staff to participate in the process. This survey contained 38 statements for which staff members were asked to rate their program's performance using a Likert Scale (5 = Very Strong, 4 = Strong, 3 = Neutral, 2 = Weak, and 1 = Very Weak).

Peer Interview Survey: this document is the primary tool used for collecting information in the peer review process. Questions are designed to guide conversation between the interviewer and the interviewee. Interviewers were asked to record answers to the questions during each conversation. Most of the questions are structured to generate conversation and inspire individual thoughts and opinions unique to each interviewee. Interviewers were asked to conduct five of these interviews with staff of the program being reviewed.

Site Contacts are those identified during the process as being the main point of contact with each program. They are traditionally in a supervisory position and have extensive knowledge of program operations. Site Contact involvement was instrumental with each of the following two tools.

Site Data Tool: Site Contacts were asked to complete this data sheet, which requests quantitative data about areas such as referral sources, funding streams, client completion rates, and other program information.

Site Contact Interview Survey: this tool is very similar to the Peer Interview Survey, but the questions seek more 'factual' responses such as what a specific process of the program is, noting various techniques used, and other information that would be redundant if asked of all interviewees.

With the exception of the Site Data Tool, the documents used for information gathering were all developed around common programmatic areas. Each is instrumental to program operations and delivery of services to clients. These key areas are as follow:

Intake and Treatment Planning: the section pertains to assessments, treatment/service plans, specific instruments used, and program expectations.

Treatment Delivery: themes included in this section are rapport building, understanding challenges faced by clients, and tailoring interventions to each client.

Program Environment: examples of topics in these sections include cleanliness and safety within the program, physical space, confidentiality, and privacy.

External Relations and Continued Care: this section focuses on topics such as engaging other community programs, outside referrals for children, transitioning back to the community, and aftercare planning.

Staff Development and Relationships: topics included in this section contain morale, team building, opportunities for staff development, trainings, and current workload.

Women/Women with Dependent Children (W3DC) Focus Areas: this section includes questions related to evidence based female responsive programming; trauma informed approaches; evidence-based children's programs; treating and addressing the needs of the family as a unit; quality childcare; case management; recovery support services; and pregnant/postpartum women and infant health care.

Miscellaneous: this section allows for comments on strengths, opportunities, and barriers, as well as other thoughts or comments.

In order to prepare the reviewers for the site visits, an in-depth reviewer instructional PowerPoint presentation was developed and sent to all the site reviewers. The PowerPoint included the materials needed to conduct the review, pertinent contact information, reimbursement forms, a check list, and a copy of the site visit survey tool. Reviewers were asked to participate in one of two conference calls (March 21st and April 6th) led by MCI staff. The conference calls were designed to review the process, convey responsibilities of participants, and discuss questions on the survey tools. Due to the ongoing COVID-19 pandemic, all reviews were conducted virtually for the second

consecutive year. Reviewers were instructed to complete their interviews via phone or video-chat (i.e. Zoom, Teams, or WebEx). Upon completion of the MCI conference calls, reviewers were asked to reach out to the site they would interview within two weeks to begin scheduling the interviews. Each site was asked to provide six staff (if possible) for interviews, one site contact with significant knowledge of program operations, and five line staff. Once the reviews were completed, reviewers were asked to report back to MCI with review findings by May 28, 2021. MCI staff then compiled the results for each individual site and also completed an overall analysis. A final report was compiled and delivered to DDAP officials in late Summer 2021.

Cumulative Summary of the 2021 Peer Review Process

The following report is a summary of the five site peer reviews conducted during the Spring of 2021. The report is broken down by topic areas found throughout the process. Each section contains results found in the Pre-Surveys, Peer Site Interviews, and Site Contact Interviews.

NOTE: The cumulative summary is compiled by identifying general findings, key themes, and topics that were found in multiple site reports. It should be pointed out, however, that there are limitations to these findings. Due to the limited number of interviewees and participants, as well as programs having different operating procedures, resources available, and the community they are located in, it may not be possible to identify common areas that are found in multiple programs. The reader should understand that all content in this cumulative summary may not be attributable to every program that participated in the process. This report should be used as a framework for discussion of general findings across the programs. The best depiction of operations at each program can be found by reading the individual site reports.

Intake, Treatment Planning and Treatment Delivery

The Intake and Treatment Planning Section of the Pre-survey included seven statements that respondents were asked to rate on a Likert Scale, rating each as Very Strong (VS), Strong (S), Neutral (N), Weak (W), or Very Weak (VW). The statements are ranked in order of those that rated each as Very Strong (VS) or Strong (S). Corresponding Mean scores (highest score being a 5) for each statement are also given. Items with greater than 75% of respondents answering Very Strong or Strong are categorized as high-performing statements and noted in green. Those with 50% or under are identified as low-performing statements and are in red. This is found throughout the pre-survey results in each section.

	N = 37	VS & S	N	W & VW	MEAN
Intake and Treatment Planning	Accepting clients engaged in Medication-Assisted Treatment (MAT)	91%	6%	3%	4.44
	Making clients aware of program expectations	70%	17%	13%	3.75
	Developing individualized treatment plans	66%	29%	5%	3.85
	Using thorough screening and assessment tools	64%	21%	15%	3.75
	Reviewing treatment plans with clients on a regular basis	61%	30%	9%	3.66
	Adjusting treatment plans with clients as needed	59%	26%	15%	3.64
	Measuring clients' goals and progress effectively	56%	34%	10%	3.65

Across all sites, one statement was identified as high-performing. "Accepting clients engaged in Medication-Assisted Treatment" was found to be Very Strong or Strong by 91% of respondents and had a Mean score of 4.44. No statements in this category were rated as low-performing.

The Treatment Delivery Section of the Pre-survey included seven statements that respondents rated on a Likert Scale. The statements are ranked in order, from highest to lowest percentage of those that rated as Very Strong or Strong. Corresponding Mean scores for each statement are also given.

	N = 37	VS & S	N	W & VW	Mean
Treatment Delivery	Making Medication-Assisted Treatment (MAT) available to clients	91%	9%	0%	4.54
	Building rapport with clients	79%	16%	5%	4.10
	Understanding challenges facing clients	66%	27%	7%	3.89
	Addressing mental health issues at appropriate intervals during treatment	61%	24%	15%	3.70
	Using interventions tailored to each individual and family	58%	33%	9%	3.69
	Engaging client's family and recovery supports during treatment	57%	37%	6%	3.81
	Maintaining professional boundaries between clients and staff	51%	35%	14%	3.56

Two of the statements were identified as high-performing; "Making Medication-Assisted Treatment available to clients" (91% rated Very Strong or Strong) and "Building rapport with clients" (79% rated Very Strong or Strong). Both statements had Mean scores over 4.0 (4.54 and 4.10, respectively). No statement in this category was rated low-performing.

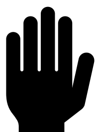
Interviewees across the five sites were asked to comment on what works well (identified next to the 'Thumbs Up' icon) and what can be improved upon in various points where clients are 'met' in their recovery (identified next to the 'Halting Hand' icon). Site contacts were asked to give a more detailed overview of the process. The site contact answers are identified in italics, while the key take-aways from the peer interviews are noted in bullet points.

<u>*Screening and Intake*</u>:

Most of the site contacts interviewed commented that their program has a dedicated person who handles the initial screening with potential clients. This staff person was identified as Patient Navigator, Intake Specialist, or a similarly

titled position. After the initial screening is completed, the admissions paperwork is handled in different capacities across programs. In some cases, it is a counselor who handles follow-up paperwork; in other programs, it is an administrative assistant position who will finish the intake forms.

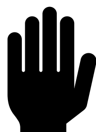
- The processes in place tend to be streamlined.
- Collaboration amongst team members helps to expedite the process and assure clients can be admitted quickly.
- The processes in place allow for a seamless transition to treatment.



- The amount of information gathered may be overwhelming for clients.
- There are some documentation procedures that could be updated and improved upon.
- Client involvement and engagement may hinder admission (i.e. client not showing up for appointments, may be deemed not appropriated for services due to not telling truth, etc).

<u>Full Assessment</u>:
The biopsychosocial is the most common assessment tool used across sites and is typically conducted by a lead counselor or therapist. Through the collection of information from the biopsychosocial, the therapist and the client will collaborate to begin to identify treatment goals.

- The biopsychosocial evaluations tend to be spread out over time, as to not overwhelm the client.
- Medical staff is usually readily accessible for specific parts of the assessment.



- The various assessment tools used often lack cohesion.
- Timelines and paperwork can be stressful for staff.

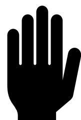
<u>Case Management</u>:
Clients are typically assigned a case manager within the first few days of beginning the program. Case managers have separate tasks they must conduct with the clients. Two programs noted that they use outside agencies for this service.

- Case managers are consistently utilized to address non-treatment needs.
- Most referrals to outside agencies are made by case managers.

- It can be difficult meeting the needs of every client, especially as they are changing constantly.
- Some programs reported not enough case management staff.

Initial Treatment Plan Development:
Most sites reported that initial treatment plans are developed over the first 30 days. Often a very basic, general plan is adopted but expanded upon over the next couple of weeks. Clients and counselors work together on this step.

- Treatment plan development allows for the client and therapist to work together.
- Plans are individualized and tailored to specific client needs.
- Most sites reported that the treatment plans are thorough.



- The forms can be rather long.
- Requirements may limit what clients may actually want to address during treatment.

Updating Treatment Plans:
Interviewees noted that the treatment plans are updated every 30 days.

- Clients are involved in determining any changes to their treatment plan.
- Counselors and clients can determine whether set goals are realistic when they meet to update the plans.

- A common issue reported was how time-consuming this process is for all involved.
- The expectations are constantly changing, which can be confusing for the client.

None of the programs reported creating treatment plans or goals for the children of the women in the program. All sites view the women as the client, not the child. It is common for family or parenting goals to be included in the mother's plan, and those goals may involve interaction with the child.

Most sites reported that prenatal, infant, maternal, and post-natal care are handled by outside agencies or programs. It is common for the participating sites to have strong relationships with local hospitals or OBGYN offices for medical services and education of the women. There are also non-profit groups in some communities that focus on working with the mothers and their children and are engaged quite often.

Program Environment

The Program Environment section of the pre-survey included four statements that respondents were asked to rate on a Likert Scale. The statements are ranked in order, from highest to lowest percentage of those that rated as Very Strong or Strong. Corresponding Mean scores for each statement are also given.

	N = 37	VS & S	N	W & VW	Mean
Program Environment	Providing clean and safe residential facilities for clients' recovery	98%	2%	0%	4.45
	Providing proper space for group and individual treatment sessions	84%	16%	0%	4.29
	Providing clients with enough resources (toiletries, food, etc.)	80%	17%	3%	4.27
	Affording privacy to clients	78%	19%	3%	4.21

All statements had Mean scores above 4.0 and were rated high-performing. The highest rated was "Providing clean and safe residential facilities for clients' recovery", with 98% responding Very Strong or Strong.

All programs reported that clients and their children are afforded privacy while in the program. Most have individual rooms which are able to be personalized and decorated by the family members. In some cases, there are shared bathrooms, but this was not reported as being problematic at any location. All women are expected to participate in house chores and abide by a schedule. They are also responsible for upkeep of their personal living areas. Sites make use of common areas, as they encourage the clients to gather and talk in their free time. Most respondents noted that the physical building space and offerings of their program is sufficient.

How Sites Maintain Client Privacy

- ✓ No client information is given out over the phone.
- ✓ Files are kept in secure, locked locations.
- ✓ Staff and clients make use of private offices for sessions.
- ✓ Ongoing trainings are offered regarding confidentiality and HIPAA.

Interviewees were asked how they feel clients view the program environment. Common responses by interviewees included welcoming, family friendly, caring, comfortable, and safe. Some of the more negative responses included too structured, chaotic/busy, and restrictive.

External Relations and Continued Care

The External Relations and Continued Care Section of the pre-survey included five statements that respondents were asked to rate on a Likert Scale. The statements are ranked in order of those that rated each as Very Strong or Strong. Corresponding Mean scores for each statement are also given.

	N = 37	VS & S	N	W & VW	Mean
External relations and Continued Care	Making pre- and post-natal services available for the women	89%	11%	0%	4.59
	Presenting clients with options for continued care after discharge	75%	17%	8%	4.00
	Collaborating with other community agencies for purposes such as taking referrals, program development, etc. (non-client specific reasons)	74%	20%	6%	4.08
	Coordinating services for existing clients with outside agencies to aid the clients in their recovery	73%	24%	3%	4.21
	Transitioning clients back into the community	53%	22%	25%	3.38

Two of the five areas were found to be high-performing, with "Making pre- and post-natal services available for the women" the highest rated (89% of respondents rated the statement Very Strong or Strong).

Interviewees were asked to identify ways that the program works with other agencies and programs to support the women in their recovery process. Management and supervisors are often involved with community collaboratives and partnerships. The following are some of the common systems and agencies that sites typically align with:

- Hospitals/medical centers
- Non-profits focuses on parenting and maternity
- Churches
- Victim services providers
- Criminal justice agencies
- Children and youth services

While most communities have access to many of the needed services, there are some that do not and must make do with what they have. The children of the women are referred to programs and services if needed, most notably educational or behavioral supports. COVID restrictions have limited the involvement that programs can have with providers.

All sites reported that it is imperative to keep the family unit intact post-discharge for continued success. The programs reported conducting follow-ups with the women after discharge, typically at the one-week point. While some programs will continue to reach out, there may be issues remaining in contact. The most cited issue for the clients at discharge is securing housing. Some communities have less housing resources than others, and women may be referred to shelters for short-term assistance. At least one program has access to transitional housing programs within the agency, which allows for a smoother transition.

Aftercare planning is instrumental in the treatment process, and for most sites this process reportedly starts as soon as the client begins services. This process actively engages family or network supports of the women, as they will be relied upon heavily for a successful transition. Interviewees were asked to identify what works well and what can be improved upon in the process. The following are general themes across the site interviews.

- The clients are referred to multiple resources within their community.
- Aftercare planning begins early in the treatment process.
- Women feel supported by staff and others.

- There is a lack of available housing.
- The follow-up process can be improved or increased.
- There are issues the client deals with that cannot be helped by the program.

Staff Development and Relationships

The Pre-survey External Relations and Continued Care Section included seven statements that respondents were asked to rate on a Likert Scale. The statements are ranked in order of those that rated each as Very Strong or Strong. Corresponding Mean scores for each statement are also given.

	N = 37	VS & S	N	W & VW	Mean
Staff Development and Relationships	Providing access to helpful training for staff	51%	35%	14%	3.54
	Encouraging professional growth among staff	49%	35%	16%	3.43
	Encouraging positive working relationships between staff members	49%	43%	8%	3.59
	Allowing staff ample time to communicate with one another to discuss program treatment and operations	49%	43%	8%	3.56
	Maintaining an environment in which management and staff have open communication	43%	38%	19%	3.32
	Building and improving staff morale	24%	46%	30%	2.97
	Maintaining adequate staffing levels	19%	35%	46%	2.64

Six of the seven statements were found to be low-performing by respondents. The lowest-rated statement was "Maintaining adequate staffing levels" in which 19% rated it weak or very weak (Mean score of 2.64). "Building and improving staff morale" was the second lowest as 24% found it weak or very weak (Mean score of 2.97).

What supervisory staff says about…

Training needs:
Areas suggested for increased staff training include trauma-informed approaches, dual diagnosis topics, cultural diversity, recovery education, maintaining boundaries, and focusing on personal wellness.

Teamwork:
All sites reported directly or alluded to their current staff working well together. There are issues that arise, but the expectations are that everyone will help each other out when needed. The recent pandemic has taken a toll on staffing levels, but this does seem to be improving.

Staff morale:
COVID has had a negative impact on morale in most of the programs, but morale does seem to be improving.

What staff says about…

Current workload:
Workload tends to be impacted most by internal staffing issues and the pandemic. Interviewees overall have an understanding that workloads will ebb and flow. Most feel that their current workload is manageable at the current time.

Staff growth and development:
The programs offer a variety of trainings for their staff; however, trainings are not always inclusive of staff needs. Staff reported during the interviews that they are encouraged to continue with education. Many of the women began as clients and have since gained employment.

Teamwork:
Management of the programs set expectations for staff to focus on working well together. Open communication and dialogue are encouraged between staff members, as is working towards common goals. Prior to programs facing COVID restrictions, some programs have offered staff 'get-togethers' such as yoga, parties, and lunches.

Staff morale:
There are mixed feelings on morale within programs, as would be expected. Some view morale as low but improving, while others say it is fine. COVID has negatively impacted morale throughout the programs, however.

Trainings and supervision:
Most respondents noted they are supported by their supervisors. It is recognized within some programs that there is a need for more management positions, which would lead to improved supervision.

W3DC Focus Areas

The Women/Women with Dependent Children section of the pre-survey contained eight statements that respondents were asked to rate on a Likert Scale. The statements are ranked in order of those that rated each as Very Strong or Strong. Corresponding Mean scores for each statement are also given.

	N = 6	VS & S	N	W & VW	Mean
W3DC Focus Areas	Offering childcare that aligns with DHS, Office of Child Development and Early Learning Keystone Stars standards	79%	15%	6%	3.97
	Providing evidence-based female responsive programming	72%	25%	3%	4.00
	Implementing trauma-informed care practices	68%	26%	6%	3.88
	Treating and addressing the needs of the family as a unit	61%	30%	9%	3.72
	Offering evidence-based parenting programs	57%	32%	11%	3.68
	Providing access to case management and recovery-Based peer support services	51%	37%	12%	3.60
	Providing evidence-based children's programming that includes pediatric services, developmental assessments, prevention programs and a full array of therapeutic interventions	50%	25%	25%	3.34
	Collecting data to support data-driven decision making	42%	48%	10%	3.45

One statement was rated as high-performing, with 79% rating it Very Strong or Strong; "Offering childcare that aligns with DHS, Office of Child Development, and Early Learning Keystone Stars standards". One statement was identified as low-performing, with a rating of 42% (Mean score of 3.45); "Collecting data to support data-driven decision making".

All programs offer some sort of daycare/childcare, but the structures vary greatly. While a formalized, licensed program aligned with Keystone Stars is in place at some sites, others offer a less formal system of watching children where they rely on other mothers to chip in and assist.

Services for prenatal, infant, maternal and childcare are at the forefront of care for the women and children. While programs noted some services are offered in-house, most are provided for by community partner agencies. Internal staff typically work with the client to schedule meetings and may also accompany the women and children. Some sites reported having strong relationships with local hospitals and medical facilities.

Interviewees reported multiple challenges in providing these types of services. Lack of full-time medical staff is the most prominent issue. A lack of transportation is also a barrier for many of the women. The clients are required to participate in a significant number of treatment hours daily, often leaving little time for outside meetings and appointments. Stigma from outside providers is another issue that the women often face.

Clients are encouraged to engage with support networks and systems throughout their treatment episode. While program staff assist in identifying supports for the client, it can be difficult to engage them for many reasons. COVID protocols have caused many programs to prohibit anyone from coming in. One site did note that they installed a large tent outside which allowed families to continue visiting. During traditional operating times, family sessions are very common. When not in COVID protocols, clients are encouraged to engage with outside services and attend AA/NA meetings.

Interviewees were asked about their experiences with incorporating various approaches into their programs.

Gender-responsive approaches:
Sites are women-only facilities, which makes everything they do gender-responsive.

Trauma-informed approaches:
Trauma Recovery and Empowerment Model (TREM) was noted as an offering at multiple sites. Other trauma-informed approaches that were mentioned included Seeking Safety and Worth It.

Evidence-based/informed practices:
TREM, Cognitive Behavioral Therapy, Motivational Interviewing, and Didactic Therapy are offered at multiple programs.

Key components that make the programs gender-responsive, trauma-informed, family-based and therapeutic:

- ✓ Staff and clients are all women.
- ✓ Programs offer treatment modalities focused on trauma and grief.
- ✓ Parent and child are given significant time to interact.

Programming should be designed to address and meet treatment needs, issues, and experiences of women. Eight key areas were presented to the Site

Contacts during their interviews. Respondents were asked to note how they address certain areas in gender-responsive, trauma-informed manners. Those areas were: social stigma, physical/gynecological health, mental health disorders, relationships, criminal justice system involvement, self-esteem, homelessness and housing, and employability. For this section, no generalities were able to be drawn for each topic due to limited responses by interviewees. Overall, there is a sense that the programs will address any needs of the clients in a safe, secure manner and environment.

Miscellaneous

The interviews concluded with questions related to program strengths, opportunities to improve upon, and barriers which prevent women from receiving treatment.

Strengths/what other programs can learn from us:
Interviewees reported that the focus of mother-child relationships is at the forefront of services. Child development is addressed while the mother is receiving treatment. The programs also incorporate trauma-informed approaches throughout their services. Sites also have good relationships with community-based resources.

Opportunities for improvement:
Respondents suggested that their programs could increase the therapeutic offerings for children. Family and fathers/partners could be engaged more frequently during the treatment process. As housing availability is lacking upon discharge in many communities, this could be addressed as well.

Barriers to treatment:
Needed services may not be offered due to a lack of funding. Interviewees commonly suggested that most medical/psychiatric services are provided by outside agencies, and clients may not have immediate access. Clients may also have to face the stigma of being in addictions treatment. At times, there is a reluctance on the women's part to enter treatment and/or change behaviors.

In addition to the above, Site Contacts were asked additional questions pertaining to program operations. The first was regarding Act 65 SB 263 Section 2123, which outlines service eligibility requirements for residential drug and alcohol treatment programs for women and their children. The consensus is that the supervisors and management of the programs are aware and understand this piece of legislation; however, lower-level staff likely are not aware of it.

Interviewees noted that linguistic and cultural differences rarely pose issues during treatment. Most programs offer trainings on cultural diversity and inclusivity. Programs will commonly utilize interpreters when needed for those that speak other languages if they are not able to do so with internal staff.

Questions pertaining to the impact of the COVID pandemic and human trafficking were included in this section. COVID has had a tremendous impact on all the programs. At minimum, the pandemic has restricted outside services from entering the program, which limited any interactions to Zoom or phone calls. Some programs reported being shut down due to outbreaks. Staffing during this time has been an issue for many programs and also caused much stress on the women in the programs. Though human trafficking has not had the impact on the programs as COVID, a few of the sites noted that they have worked with women who have been reported being victims.