

2023 Federal Block Grant Peer Review Executive Summary and Recommendations

Behavioral Health Advisory Council

Background

Each award year, at least 5 percent of treatment providers receiving Substance Abuse Block Grant (SABG) and/or Mental Health Block Grant (MHBG) funds will participate in an independent peer review to assess the quality, appropriateness, and efficacy of treatment services. The programs reviewed shall be representative of the total population of such entities. The intent of the independent peer review process is to continuously improve the treatment services to individuals with substance use disorder.

Reviewers shall be individuals with expertise in the field of alcohol and drug abuse treatment. Reviewers must be representative of the various disciplines utilized and must be sensitive to cultural and environmental issues that may influence the quality of the services provided. The reviewers shall examine the following:

- Admission criteria/intake process
- Assessments
- Treatment planning
- Documentation of implementation of treatment services
- Discharge and continuing care planning
- Indications of treatment outcomes

Summary

For the first time since 2019, the peer review process was conducted in person. Five providers receiving MHBG funding and ten providers receiving SABG funding have been reviewed this cycle. Twenty-four reviewers participated in the peer review process. In general, reviewers and agencies reported that the peer review process was helpful in identifying areas of opportunity for improvement as well as idea exchange from individuals outside of their agency.

Overall documentation was adequate, and treatment used a person-centered approach. Major challenges included increasing fentanyl use and houselessness. Opportunities for improvement include increasing required and/or optional training (ASAM criteria, cultural diversity) along with implementing a consistent program assessment and follow-up processes.

Trends and Observations

The following trends and observations were identified from the peer review process:

- Increasing houselessness
- Increasing use of fentanyl and meth and an increase of overdoses
- Staffing shortages and staff need additional training on the ASAM criteria.
- Lacked consistent follow-up and after-care post-discharge, both when client did and did not meet their treatment goals.

- Cultural diversity training was not robust; while many providers shared that they make resources available to their staff, required training was often limited to once per year.
- Assessment of overall program effectiveness was not well defined.

Recommendations

The following recommendations are submitted for consideration to improve overall effectiveness and outcomes of Federal Block Grant funded programs.

- Expand services for individuals who use fentanyl.
- Develop and/or disseminate follow-up and after-care post-discharge best practices.
- Increase Spanish speaking clinicians.
- Provide training or opportunities for service providers to come together to address strengths and needs for improvement.

While most reviewers and agencies were positive about the peer review process, several opportunities for improvement were noted:

- Proactively provide more clarity on the expectations of the peer review process along with agency forms when sending initial, the request to peer reviewers
- Advise peer reviewers to schedule a tour during the peer review visit

Agency Questionnaire Table
MH

MH

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
Service Provider #1	<ul style="list-style-type: none"> • Patients' records are organized. • Agency was established in 1970. • Access to the Hospital for severe crisis intervene. • Outpatient services for sub. Abuse • Spanish speaking support group 	<ul style="list-style-type: none"> • Lack of MH, Therapist, and crisis workers • Support for the Elderly • Providing services in person for client who are in rural areas especially for those in crisis 	<ul style="list-style-type: none"> • Hire MHP's, therap., crisis workers. • Language Interp. On site • Spanish speaking clinician • Improve discharge process. • Extend timeline for follow up
Service Provider #2	<ul style="list-style-type: none"> • Engagement Services for client and family • Support individual w/ physical disabilities in the home. • Clinician fluent in Spanish 	<ul style="list-style-type: none"> • Increase in fentanyl abuse. • No train interpreter • Not able to access Medicare (currently) • Clients have to Medicaid or an acceptable Insurance 	<ul style="list-style-type: none"> • Co-occurring Providers • Improve discharge/follow-up plan. • Assessment tool of services to client
Service Provider #3	<ul style="list-style-type: none"> • Lots of cultural diversity training opportunities • DEI committee • Improved communication and collaboration between JTS and defense attorney, local LE, schools. • Implementing a committee structure at address agency weakness/threats (e.g., staff burnout) 	<ul style="list-style-type: none"> • No racial composition provided. • Permanent and transitional housing is needed; providers are also challenged to find housing which makes recruitment and retention difficult. • Limited required cultural diversity training for staff • Phones for the program are needed - it can take 2-4 weeks for a phone to arrive through the state phone process and it's easy for a client to drop off contact during that time. 	

Agency Questionnaire Table
MH

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
	<ul style="list-style-type: none"> • Peer services in the jail help build rapport and trust with the client. • Intake forms are completed before the individual is released from jail allowing them to access services soon after release. • Bought and renovated a motel for • Transitional housing with 27 units, currently with 36 people using this service. • Person-centered approach to treatment • Strong community partner engagement to ensure they are meeting the needs of community. • CCBHC grant helps support improvement efforts. • Each client receives a different approach and that the approach is individualized 	<ul style="list-style-type: none"> • Lack of follow up after discharge from JTS program. • Assessment of overall program effectiveness not well defined • Would like More Peer Certification trainings offered. 	
Service Provider #4	<ul style="list-style-type: none"> • Serving military dependents is now allowed due to CCBHC designation. • DEI Committee • Launching the Language Line Mobil IPADs to provide translation of 35 languages. • Open Access for all is a strength. • Integrated Primary Care and a holistic approach and incorporating outside care 	<ul style="list-style-type: none"> • Housing demands are higher than ever, children in general with high needs. • Staffing capacity to meet the needs of the demand seeking services without appointments is an area needing improvement. It is a delicate balance of time that goes to waste if spots go open versus being available when more spots are needed. • Not enough follow up with clients after discharge, efforts are made but it is difficult to identify how to reach and re-engage in general. • Assessment of overall program effectiveness not well defined • Improve how they educate the client on available resources that can be obtained after the client 	<ul style="list-style-type: none"> • Have a tour and ask some of the staff questions briefly in their work environments, see the different programs in action to get a feel of staff and client morale to review more specifically the effectiveness of the programs

Agency Questionnaire Table
MH

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
		<p>leaves services and reinforce the skills they've developed.</p> <ul style="list-style-type: none"> • Restore satellite locations for accessing services in more rural areas. 	
Service Provider #5	<ul style="list-style-type: none"> • Individualized, holistic treatment plans that focus on the individual's care needs. • Clients have become more comfortable with receiving care provided via telehealth. • Lots of cultural diversity training opportunities are available. • Ad-hoc project underway now is both Clinical Supervisors have participating in reviewing all Agency 5 forms used during the patient registration, intake, and assessment process with the goal of streamlining the forms, ensuring they contain all the data fields needed, and do not contain duplicative data points. • 3 contact attempts are made for clients that become disengaged. 	<ul style="list-style-type: none"> • Increased need for mental health care for children • Court ordered assessments are difficult to conduct due to vague language of the court requirements. • Are not equipped to provide services to individuals with hearing disabilities. • Improvements to facilities are needed to focus on and promote wellness and healing. • Agency would like to create a document, listing community resources to provide to the client including simple reminders for maintenance of mental health. • Going forward, the Clinical Supervisors will formalize the quality review process and expand upon it to include assessing the overall effectiveness of the program 	<ul style="list-style-type: none"> • Suggest sending the agency forms with the initial request for the peer review. • Suggest adding why the peer review is being requested with the initial request
<p>Trends:</p> <ul style="list-style-type: none"> • Housing is a challenge. • Using a person-centered approach to care. <p>Observations:</p> <ul style="list-style-type: none"> • The follow-up and discharge process when client has not met their treatment goals could be improved. • Assessment of overall program effectiveness is not well established/defined. 			

Agency Questionnaire Table
MH

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
<p>Recommendations Regarding Peer Review Process:</p> <ul style="list-style-type: none">• Schedule a tour during the peer review visit• Send agency forms and background of the peer review when sending initial request.			

**Client File Review Table
MH**

Service Provider #	Completed Client Files	Summary	Peer Reviewer Recommendations/ Comments
Service Provider #1	5	<ul style="list-style-type: none"> • Description of services and the treatment plan are well documented. They are limited on funding but work well the with their community medical providers. 	<ul style="list-style-type: none"> • Additional funding and medical providers.
Service Provider # 2	5	<ul style="list-style-type: none"> • Client files are documented well, but there is no treatment plan in the files for crisis clients. Discharge plans are in place and follow through. 	<ul style="list-style-type: none"> • Treatment plans for their crisis clients
Service Provider #3	5	<ul style="list-style-type: none"> • Every file shows that each client receives a different approach and that the approach is individualized. There is also clear evidence of rapport being built and shown in the note section. 	<ul style="list-style-type: none"> • There was no missing data, the team are all very clear in their notes, and all information within the last year is readily available without pulling up a report or any extra pages.
Service Provider #4	5	<ul style="list-style-type: none"> • The golden thread is evident in the files reviewed. The plans are concise and clear. • The files indicate that clients are receiving the services recommended through a high-quality assessment and goals are individualized and approached by qualified clinicians and providers measuring achievement and growth at regular intervals. 	<ul style="list-style-type: none"> • The files reviewed were high quality, appropriate, and demonstrated the golden thread approach as prescribed by best practices.
Service Provider #5	5	<ul style="list-style-type: none"> • Treatment goals are reflective and directly related to the client’s mental health diagnosis and are updated regularly over the course of treatment. 	<ul style="list-style-type: none"> • Peer reviewers were not able to review any client files and did not receive any other documentation in place of the client files.

Agency Questionnaire Table
SUD

SUD

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
Service Provider #1	<ul style="list-style-type: none"> • Agency counselors work well with clients. • Trauma informed care is provided to all (genders, ethnicities) • Tracking system for health outcomes • Working creating a class for individuals with lower cognitive functioning • Person centered approach. • Attending group meetings. • Review gap analysis provided by the county 	<ul style="list-style-type: none"> • Discharge/follow up. • Finances, office space • Fentanyl is rising. • Recruiting and maintaining from diverse backgrounds • Funding • No in person language interpreter or hearing-impaired support. 	<ul style="list-style-type: none"> • More funding office space • Higher salaries for diverse staff compensation (funding) • Language interpreter and sign language
Service Provider #2	<ul style="list-style-type: none"> • Yearly Relias trainings for cultural diversity • Accommodations for persons w/disabilities and hearing impairments • No services denied with or without insurance. • Collaboration with community partners • Discharge and aftercare planning • Staff Increase • In person services 	<ul style="list-style-type: none"> • Intake process takes time. • No follow up with discharged patients • No specialized groups 	<ul style="list-style-type: none"> • Remove preliminary steps from the intake process- to allow more individual time w/ the client. • Implement a follow-up plan for discharging clients. • Develop specialized groups to support clients
Service Provider #3	<ul style="list-style-type: none"> • Providing Medication same day as intake • Case Management • Peer Support • Individual Medical Services • Gender Specific Groups • Trauma Informed Care • Walk in Services 	<ul style="list-style-type: none"> • Cultural diversity and training/support • Tracking Referrals • Paperwork • Treatment Planning Process • Discharge Planning and after care plan 	<ul style="list-style-type: none"> • Implement automated system for tracking and less paperwork.

Agency Questionnaire Table
SUD

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
Service Provider #4	<ul style="list-style-type: none"> • Language and hearing-impaired Interpreters. • Walk in services. • Offer MAT services. • Inpatient clients are scheduled to an IOP program. • Nursing staff can see IOP/OP clients in need of mental health services. • Transportation to community resources • Strong relationship w/nurses/providers in the IP facility 	<p>Racial composition data needed. No support groups for gender or age Lack of community services Lack of licensed staff in the area Follow ups after discharge. Fentanyl Increase of xylazine use.</p>	<ul style="list-style-type: none"> • Need data system to collect racial data of clients. • Create Support Groups for Gender and older clients. • Hire more licensed staff. • Community Navigators to follow up with clients after their discharge.
Service Provider #5	<ul style="list-style-type: none"> • Walk ins. • Counselors do assessments. • ADA compliant • Trauma informed care • Daycare parent child assistance program • Gender specific groups for women • Youth groups • Strong community partnerships with the courts • Client centered. 	<ul style="list-style-type: none"> • Need Licensed staff. • Individual follow ups • Resources/funding • More mental health services • Fentanyl use • Agency Closures 	<ul style="list-style-type: none"> • Funding for more staff hiring. • Hire navigators for individual follow up with clients after discharge. • Bring outside mental health providers into the clinic. • Expand clinic for more outpatient services for fentanyl use.

Agency Questionnaire Table
SUD

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
Service Provider #6	<p>Therapeutic, holistic approach – Including Reiki, yoga/meditation, acupuncture, psychiatric nurse practitioner, onsite biomedical Services, Native American traditions, rural campus with abundant wildlife, family services, etc. As an ASAM Certified entity, our staff receive continuous training in ASAM requirements</p>	<ul style="list-style-type: none"> • Limited cultural diversity training (30 minutes– 1 hour annually) • Quality improvement activities not described. • The reimbursement rate for our services needs to increase substantially. Without a noticeable and impactful increase in reimbursement rates, we are concerned about the viability of the treatment services in Washington State, at all levels of care. • Budget constraints and reimbursement rates were mentioned multiple times. 	Service Provider #6
Service Provider #7	<ul style="list-style-type: none"> • Currently same day admissions and completion of admission. • We offer admission within 24 hours of contact. • Care is client centered and harm reduction focused. We strive to increase motivation for change and use established modalities. • 30-day follow-up calls are made to check on safety, continued care, and additional needed services. 	<ul style="list-style-type: none"> • An increase in Fentanyl, • an increase in overdose and use of Narcan in patients • Pregnant women are seeking care later in term, • Did not describe integrated cultural diversity training. • Not well equipped to serve individuals with hearing disabilities. • Would like to increase our speed of intakes to less than two hours with a combined med/OP combined form. • Better access to transportation services for patients • Staff need additional training on the ASAM criteria. • Employ or refer to peer counselor for additional follow-up care 	Service Provider #7
Service Provider #8	<ul style="list-style-type: none"> • Provide headsets to individuals who are hearing impaired. • They take walk ins. 	<ul style="list-style-type: none"> • The emerging trends reported by the facility include homelessness, overdoses and the use of Meth, Alcohol, and fentanyl. 	Service Provider #8

Agency Questionnaire Table SUD

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
	<ul style="list-style-type: none"> • Strong referral network and support clients getting other services that are needed. • Records are maintained in a way that facilitates easy transfer of patients for treatment planning. • Utilizing telehealth more frequently 	<ul style="list-style-type: none"> • Limited cultural diversity training • Staff shortages 	
Service Provider #9	<ul style="list-style-type: none"> • High percentage of non-Caucasian served. • Formal quality improvement committee structure • Adolescent program is starting. • Strength based and person-centered philosophy. • Suicide evaluations are a standard and important part of services provided. • In the process of making a standardized questionnaire that highlights some of the most important check in questions so that employees know them and are consistent with asking • Nuanced understanding of community need, with still being open to growth and developing new programs if it has been assessed and clearly demonstrated that a new program would be in the best interest of the clients in the community 	<p>Increasing fentanyl and meth used together. Increasing overdoses.</p> <ul style="list-style-type: none"> • Looking for ways to get people into treatment faster. • Staff need additional training on ASAM. • Training that has been offered has been sporadic. • Mentioned the need for a separate harm reduction track. • Staff 1 explained that the aftercare opportunities are important to him, “I would really like to be able to have some contact with patients for a year after, I don’t how to make that happen, maybe an alumni group?” • Many diverse services that agencies desire to offer but are often not staffed or funded in ways that agency workers would wish 	<ul style="list-style-type: none"> • Learning from others is what he likes the most about the process.
Service Provider #10	<ul style="list-style-type: none"> • Serving youth and people under 35; 50% non-Caucasian • Staff can provide services in the clients’ home and/or in the community. 	<ul style="list-style-type: none"> • Overdoses are increasing. • The unhoused population is growing. • SUD is starting at a younger age. • Many of them either have no caregiver or the relationship is strained therefore often clients are 	<ul style="list-style-type: none"> • Would like more clarity on the expectations of the peer review process.

Agency Questionnaire Table
SUD

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations
	<ul style="list-style-type: none"> • Preferred pronouns are used with notes in the records to alert staff if this is not to be shared with parents/caregivers. • Participant voice and choice is prioritized 	<p>not getting the necessary documentation into DSHS which creates a gap in benefits.</p> <ul style="list-style-type: none"> • Staff retention, pay scale, internal student loan payment for all educational levels of employees, more training, credentials paid for and retention bonuses. • Staff need additional training on ASAM. • 25% are discharged due to lack of contact. 3 no shows and a month of no contact are criteria for closure this way. • Would like to hire a peer to support discharge process and follow-up post discharge. 	
<p>Trends:</p> <p>Trends:</p> <ul style="list-style-type: none"> • Increasing houselessness • Increasing use of fentanyl, meth, and overdoses • Staffing shortages <p>Observations:</p> <ul style="list-style-type: none"> • Staff need additional training on the ASAM criteria. • Could utilize improved follow-up and after-care post-discharge. • More robust cultural diversity training could be beneficial. <p>Observations:</p>			

Agency Questionnaire Table
SUD

Recommendations Regarding Peer Review Process:

Proactively provide more clarity on the expectations of the peer review process.

Providing training or opportunity for service providers to come together and addressing all strengths and needs for improvement together.

Client File Review Table
SUD

Service Provider #	Completed Client Files	Summary	Peer Reviewer Recommendations/ Comments
Service Provider #1	5	<ul style="list-style-type: none"> • Records are person centered, name and preferred pronouns are documented. Files include physical health history and diagnoses. Information is person centered 	<ul style="list-style-type: none"> • Develop a strong QI plan that includes data and improvement strategy based on results of data analysis.
Service Provider # 2	4	<ul style="list-style-type: none"> • Client files are documented well, and the progress of the client is easy to read. Specific to the client and person centered. No discharged, care plan, or followed up in place. Documentation for deferred prosecution was included, but not the conversation with the CCO. 	<ul style="list-style-type: none"> • Create discharge and after care treatment plans. • Effective interpretations for individuals with language barriers.
Service Provider #3		<ul style="list-style-type: none"> • No client record review summary attached 	
Service Provider #4	5	<ul style="list-style-type: none"> • Friendly and easy to navigate. 	<ul style="list-style-type: none"> • Need to have a process to redact files
Service Provider #5	3	<ul style="list-style-type: none"> • Files are easy to read. • Clinical supervisors monitor files. • Client centered. • Treatment plans are connected to assessment and progress notes. 	<ul style="list-style-type: none"> • Having a process to redact charts. • A process to upload files to prevent mislabeling
Service Provider #6	3	<ul style="list-style-type: none"> • The software is user friendly - files are easy to navigate, all documents electronically signed. Clinical processes can be monitored to ensure adhere to standards. Treatment plans, chart notes and other clinical documents feature client voice. • Staff discussed importance of ongoing process improvement, including documenting client voice, and connecting progress notes to ISP (golden thread approach) 	

Client File Review Table
SUD

Service Provider #	Completed Client Files	Summary	Peer Reviewer Recommendations/ Comments
		<ul style="list-style-type: none"> • Agency 6 was prepared and ready for the reviewers. Agency 6 commitment to individualized care, quality and process improvement is apparent from our review 	
Service Provider #7	5	<ul style="list-style-type: none"> • Increase types of interventions. • More SUD clinical information needs to be highlighted as the medical aspect of the client files appears to overshadow most other aspects. • Treatment plans to be more specific and ensure the “Golden Thread” is being followed. • The progress notes could be clearer to show what aspect of the treatment plan is being addressed during the session. • The client’s voice is present often. • The clients are in compliance, but they adapt to try to meet client needs. • The clients are following the continue care plan. • The clients are seen in person at least 1 time per month and are offered a variety of groups to help them in wellness. • Wide variety of group topics available and are available for their choosing to meet client needs. • Operation hours meet client needs. • Availability of services on Saturday as well as early morning. 	
Service Provider #8	4	<ul style="list-style-type: none"> • Could improve documenting engagement and coordination of care with community partners when clients are enrolled in are beyond the acute setting. • Strength in understanding the SAAM criteria by all assessors viewed. • Minimal details in three of four files; in some files there were no direct quotes to give the client voice. 	

Client File Review Table
SUD

Service Provider #	Completed Client Files	Summary	Peer Reviewer Recommendations/ Comments
		<ul style="list-style-type: none"> • One notable file the client’s symptoms appeared very acute and may have interfered with the DCR’s ability to do a deeper investigation... The client mentioned taking medication and had a mental health diagnosis, neither of which seemed to be taken into consideration. 	
Service Provider #9	3	<ul style="list-style-type: none"> • The assessment write up is very well organized, each section clearly corresponding to ASAM dimensions. • There could be prompts added in each dimension that clearly states referrals made for that particular dimension. • Files were organized well, and documentation was of high quality as evidenced by meticulously kept outreach and engagement efforts. Stages of treatment were clearly documented such as interim services and fully enrolled services. There was evidence of extensive Tx plan review with corresponding ASAM updates. • The files reviewed reflected a philosophy of valuing discharge planning at the beginning of treatment which appears to keep clients on target and aligned with their goals. 	
Service Provider #10	5	<ul style="list-style-type: none"> • Treatment plan followed needs that were documented in the intake. Necessary referrals were made for all clients. All files reviewed had client voice in them. • All five files had “attend therapy” as a treatment goal. This is happening for all clients engaged in this program and documenting what the client and the therapist will do in sessions would be more individualized. • Clinicians appear to always refer out when it’s noted that other services are needed. • Meeting clients where they are is the underlying theme in every file content we heard. 	

