

2024 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 treatment services to individuals with mental health and substance use disorders.

Reviewers shall be individuals with expertise in their respective field of mental health or 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

The peer review process was conducted in person. Four providers receiving MHBG funding and six providers receiving SABG funding have been reviewed this cycle. Sixteen 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 homelessness. Opportunities for improvement include increasing required and/or optional training (ASAM criteria, cultural diversity) along with implementing consistent program assessment and follow-up processes.

Trends and Observations

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

- There is a strong emphasis on meeting clients within their communities, including outreach to homeless camps, jails, or hospitals.
- Many agencies emphasized the importance of providing individualized care, focusing on client-centered treatment plans tailored to address co-occurring mental health and substance use disorders
- Continued opioid overdose crisis, increase in fentanyl use & individuals not knowing fentanyl is present in other substances they are using.
- Rise of “Trank”-deaths and increase in psychosis, especially in unhoused population.
- Heavy administrative burdens on providers contributing to staff burnout and difficulty providing timely services. Lengthy admission processes deter clients, particularly those experiencing acute withdrawal symptoms.
- There are challenges with bulky electronic health records (EHR) systems that hinder documentation efficiency.
- Lengthy intake processes for SUD services contributing to individuals eloping before services can be accessed.

- Agencies reported significant challenges in recruiting and adequately training staff to meet service demands.
- Staffing shortages and burnout of existing staff.
- There was a strong overarching trend of providers lacking 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.
- Limited multilingual resources and inadequate ADA accommodations hinder inclusivity, while service gaps in rural areas leave underserved populations without necessary support.
- Assessment of overall program effectiveness was not well defined/did not take into account individual life outcomes or qualitative data from service end-users.
- Shortage of housing resources/long wait lists for existing resources, leading to increased rates of homelessness.
- Difficulty accessing SUD programs and psychiatric services

Recommendations

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

- Continue to expand services for individuals who use fentanyl.
- Continue to expand housing resources.
- DBHR to develop recommended criteria for follow-up and after-care post-discharge as a guide for providers.
- Increase funding to improve post discharge care.
- Develop awareness campaign to educate the public about the dangers of fentanyl (including that other substances may unknowingly be laced with it).
- Targeted training for staff, including scenario-based sessions on ASAM criteria and substance use trends, along with expanded roles for peer recovery coaches.
- Develop qualitative data collection plan that includes feedback from individuals who have used/are utilizing services.
- Create defined metrics for program effectiveness that include feedback from individuals served by the programs offered.
- Provide training or opportunities for service providers to come together to address strengths and needs for improvement.
- A provider noted that they “have not seen a DBHR client quality satisfaction survey for a couple of years.” BHAC recommends DBHR review their quality satisfaction survey process to ensure adequate reach.
- Increase outreach to local community organizations, healthcare providers, and social services to build more referral pathways.
- Introduce client satisfaction surveys specifically from DBHR to collect feedback and identify areas for improvement.
- Allocate funding from the block grants to provide mental health support for staff and ongoing professional development for staff to address burnout.
- Enhance access to telehealth services: Increase funding and resources to expand telehealth availability for SUD (substance use disorder) and mental health services, especially in rural and underserved areas. This includes ensuring access to technology (e.g. tablets, internet subsidies) and training for both clients and providers to utilize telehealth platforms effectively. By removing geographical and transportation barriers, more individuals will be able to access timely and consistent care.

Recommendations to Improve Peer Review Process

- More thoroughly collect data on what languages are offered and the availability of translation services offered. Ex. If services are offered 10 hours a day how many hours are translation services available.
- Consult with subject matter experts on forming an ADA accessibility question on the agency questionnaires.
- Create a needs assessment question for providers about what is contributing to provider burnout and possible solutions.

Agency Questionnaire Table Mental Health

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations	BHAC Review Recommendations
Service Provider #1	<ul style="list-style-type: none"> • Robust needs-based intake process. • Robust training that involves multiple modalities, collaboration with law enforcement, community partners and others, effective evaluation of needs through safety screening and other tools • Thorough clinical documentation demonstrates client centered choices from intake to discharge. • Availability of mobile crisis response, and almost 24/7 call center hours. • Strong planning for post-discharge success. 	<ul style="list-style-type: none"> • Continued increase in Fentanyl use, increased “Trunk-deaths,” and increase in psychosis. • Increase in the unhoused population. • Having referral process through the third party Volunteers of America is problematic because often safety screenings come through incomplete in the referral process. • Inadequate staffing for night and weekend coverage. 	<p>This provider gauges the effectiveness of services through the ebb and flow of how many individuals are served. Provider reported they do not conduct any type of client satisfaction survey.</p>	<p>Recommends developing a means of capturing qualitative data regarding patient outcomes/follow up after services.</p>
Service Provider #2	<ul style="list-style-type: none"> • Far reach, low barrier, can establish rapport quickly, easily accessible and allows for self-referral/autonomy. • Maintains an extensive resource manual to help people in all areas of need. • Robust review and evaluation process utilizing the results-based accountability framework (RBA) performed on a quarterly basis and use of the Crisis Call Outcome Rating Scale (CCORS) survey. 	<ul style="list-style-type: none"> • Increase in Fentanyl overdose, as well as individuals not following through with opioid use disorder treatment. • For teens, there has been an overall increase of anxiety and depression compared to previous years. • Data collection can be tricky because calls are anonymous, and service is not refused for individuals who do not wish to provide demographic information. • Experiencing a budget deficit. 	<p>None provided</p>	<p>This provider has a robust quality improvement process that tracks multiple qualitative and quantitative Key Performance Indicators (KPI’s) across a dashboard, including individual outcomes. BHAC appreciates this robust approach.</p>
Service Provider #3	<ul style="list-style-type: none"> • The agency tailors discharge planning to each client’s needs, aiming to meet them “where they’re at.” • Goals and treatment plans are frequently revised to reflect the changing needs of the clients. • Efforts are made to maintain clients on the caseload as long as necessary, with follow-up even after discharge, avoiding an abrupt end to support. 	<ul style="list-style-type: none"> • Staff burnout, particularly for those handling high-acuity populations in the community, presents ongoing challenges. • Staff have voiced frustration with the bulky electronic health records (EHR) and extensive documentation requirements. 	<p>To combat burnout, consider implementing a structured wellness and resilience program.</p>	<p>Increase mental health support for staff, flexible scheduling, and ongoing professional development.</p> <p>Strengthen partnerships with Local housing authorities and landlords to expand housing options for clients with criminal</p>

	<ul style="list-style-type: none"> • The agency operates almost entirely in community settings, reaching out to clients in their own environments: homeless camps, hospitals, or jails. • Success is defined by program-specific outcomes: housing placements, social security acquisition and tracked through individualized metrics. • Departments celebrate client milestones, such as avoiding incarceration or accessing treatment, enhancing the focus on client-centered success. • Quality is assessed by community needs through monthly crisis meetings, regional stakeholder input, and state initiatives. • Client records showed excellent crisis assessment, inclusion of original referral, good documentation of warm hand off, and plans for transition. Peer service notes were excellent and showed good demonstration of how peers utilized their live experiences to provide peer support. Great documentation of what the plan for the next session was and then whether that plan happened or not. • Staff demographics represent the community they serve. 	<ul style="list-style-type: none"> • Addressing the needs of clients with physical, hearing, or language barriers can be difficult. • Criminal history, mental illness diagnoses, and high rental costs make housing nearly impossible for some clients with clinical backgrounds. • Insufficient funding for crisis services and transportation. • For clients experiencing homelessness or exiting jail/hospitals, maintaining consistent follow-up is challenging. • The agency handles a large number of involuntary treatment act (ITA) evaluations monthly, indicating a high demand for crisis services, which may stretch staff resources and contribute to burnout. 		<p>backgrounds.</p> <p>Advocate for increased funding, particularly for transportation services and long-term crisis intervention, to address the high demand for crisis response.</p> <p>Create an adaptable assessment protocol across all teams to enhance the accuracy and consistency of treatment planning.</p> <p>Develop more robust mechanisms to gather and incorporate community feedback. This could involve routine client feedback sessions or community forums.</p>
<p>Service Provider #4</p>	<ul style="list-style-type: none"> • They have a self-referral process which allows clients to communicate their needs directly from the outset and helps promote autonomy. 	<ul style="list-style-type: none"> • Clients face challenges in accessing stable housing and psychiatric services. • Difficulty accessing SUD programs. • Limited availability of supervisors for initial assessment calls. 	<p>Increase frequency of check ins with clients to ensure treatment goals are being met.</p>	<p>Strengthen partnerships with local housing agencies, SUD programs, and psychiatric providers to create a more robust referral network.</p>

	<ul style="list-style-type: none"> • The facility has three ADA-accessible rooms on the first floor, demonstrating inclusivity and accessibility for those with physical limitations. • They have tools such as: GAIN-SS, PHQ-9, and PCL-5. This ensures that assessments cover critical areas, including mental health, substance use, and risk of self-harm, allowing staff to provide well-rounded care. • The program is actively gathering feedback through check-out surveys, client satisfaction surveys, and annual efficacy reports. 	<ul style="list-style-type: none"> • Staff are encouraged to take cultural competency training, but it is optional, which might limit the consistency and impact of cultural sensitivity. • There is gap in communication between morning and evening shifts, which can disrupt continuity of care. • Some interpersonal conflicts present between guests. 	<p>Make cultural competency training mandatory, perhaps with an annual requirement, and consider incorporating specific modules relevant to the population served.</p> <p>Implement an on-call rotation or staggered schedules among clinical supervisors to improve availability for intake calls.</p> <p>Introduce conflict resolution workshops for both staff and guests to help manage interpersonal conflicts in the respite home.</p> <p>Enhance communications between shifts such as creating a handoff protocol that can have details of client’s progress, challenges, and pending discharge plans.</p> <p>Consider implementing standardized check-out procedures to enhance discharge planning.</p>
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Trends: Both Providers 3 and 4 focus on person-centered, adaptable treatment plans, frequently revising goals to meet clients “where they’re at”. There is a strong emphasis on meeting clients within their communities, including outreach to homeless camps, jails, or hospitals. Both agencies handle high numbers of crisis evaluations and clients with severe mental health needs, contributing to staff burnout and stretching resources. There are challenges with bulky electronic health records (EHR) systems that hinder documentation efficiency.

Observations: Limited access to Substance Use Disorder (SUD) programs, psychiatric services, and supervisors for intake calls. Some agencies note gaps in communication, especially between morning and evening shifts, affecting continuity of care and creating inconsistencies in client hand-offs. Cultural competency training is available, but it is not always mandatory, leading to inconsistencies in cultural sensitivity.

Client File Review Table Mental Health

Service Provider #	Completed Client Files	Summary	Peer Reviewer Recommendations/ Comments	BHAC Review Recommendations
Service Provider #1	5	<ul style="list-style-type: none"> In review of the files, it appears there is good follow-up, and services are complete with identification/documentation of medical/clinical necessity and appropriate interventions. 	<p>Minimal areas of improvement.</p> <p>One noted area is to follow up with referrals for clients when clients self-report a need such as SUD.</p>	None
Service Provider # 2	5	<ul style="list-style-type: none"> There is evidence to support person centered and client specific call logs, needs, and resources provided indicating staff utilizing active listening techniques. It appears that the immediate needs of each client was addressed in all the charts reviewed. 	<p>Given the scope of practice of the programs reviewed for the agency; minimal areas of improvement identified. One noted idea for improvement, a review of a Teen Link call log in which the client demonstrated symptoms of Dissociative Identity Disorder (DID) where it was noted the client's tentative plan to look into school counseling services in the fall, however there was no indication of resources provided to the client prior or if anything was suggested to the client for interim services.</p> <p>Agency 2 has limited client contact, and as such full assessments, treatment plans or individualized service plans, discharge plans, and continuity of care plans are not part of their procedures.</p>	None
Service Provider #3		<p>All client files had assessments that were clear, followed the ASAM, and provided treatment recommendations. Treatment plans had clear goals, objectives, and interventions. Client discharge summaries followed an established process.</p> <p>They do not have a process to follow-up with the client after they have been discharged.</p>	<p>We would recommend adding a 30-day follow-up with discharged clients to offer any support or direction they may need. This would also create a new referral pathway if individual indicated they needed services again.</p>	<ul style="list-style-type: none"> Develop and maintain a glossary of commonly used acronyms and abbreviations. Ensure that each acronym is defined upon its first use in any client document. Enhance notes: Utilize structured

				<p>templates for progress notes that prompt detailed descriptions of client interactions, interventions provided, and outcomes achieved.</p> <ul style="list-style-type: none"> • Perform periodic audits of client files to ensure adherence to documentation standards. • Ensure that clients are actively involved in developing their treatment plans, fostering a sense of ownership • Expand wraparound services with a broader range of service providers.
Service Provider #4	5	Multiple referrals were made throughout all files from beginning to end to other services such as mental health, medical, housing, MAT, and SUD inpatient treatment. Wraparound services are promoted at this agency and the client files reflect that.	Adding interventions to every objective was discussed along with asking the client if a follow up call could be made 30 days after discharge.	<ul style="list-style-type: none"> • For clients with extended treatment durations, establish a protocol to revisit and adjust goals as necessary to keep the treatment plan relevant to their needs. • Create a system to flag and closely monitor clients who are still in active treatment. • Offer periodic training to peer staff on documentation practices. • Incorporate brief satisfaction check-ins periodically throughout the treatment process. • Implement a voluntary follow-up process where clients can opt-in to receive a check-in call or message 30 days after discharge.

Agency Questionnaire Table- Substance Use

Service Provider #	Strengths	Challenges	Peer Reviewer Recommendations	BHAC Review Recommendations
Service Provider #1	<ul style="list-style-type: none"> • Created packets for intake process to make intakes faster to complete. • The agency prioritized a holistic, client-centered approach, emphasizing individualized treatment planning and care. • The agency offered a multidisciplinary approach, including mental health, domestic violence, criminal justice support, and MAT/MOUD services. • The agency has diversity among staff and provided culturally relevant programs like HEAT and HER, annual training on diversity, and services in multiple languages. • The agency demonstrated a commitment to quality improvement through ongoing audits, staff training, and CARF accreditation. 	<ul style="list-style-type: none"> • The agency faced challenges when it came to funding limitations which prevented comprehensive discharge planning, such as creating a follow-up system or distributing comprehensive resource books to all clients. • Some clients do not return to complete assessments, indicating a need for enhanced retention strategies. • They also faced challenges around laws impacting child welfare in substance-using homes, highlighting the need for continued advocacy and support for families. • New staff and recent graduates need additional support and training to implement ASAM criteria effectively. 	<ul style="list-style-type: none"> • While the facility listens to staff and makes regular adjustments, formalizing a continuous feedback mechanism with clients, perhaps through monthly focus groups or interviews, could provide more actionable insights into service improvements and program modifications. 	<ul style="list-style-type: none"> • The agency can offer targeted training on ASAM criteria and emerging trends for new and existing staff, ensuring preparedness and high-quality care. • Recommend agency to advocate for funding to enhance post-discharge care and support system-level changes in substance abuse treatment policy. • The agency could create a more robust discharge plan that includes specific criteria and not program completion. • The facility could improve its referral process by enhancing communication with community partners. This would help streamline client referrals and ensure that individuals are directed to the most

				appropriate services more efficiently.
Service Provider #2	<ul style="list-style-type: none"> The agency has highlighted treatment plans that are developed collaboratively between clients and SUDPs, ensuring person-centered care. The agency strengths include health screenings and consideration for biomedical and mental health needs, showing a holistic approach. The agency annually provides culturally diverse training during onboarding. They agency provides a comprehensive assessment for HIV, suicide risk, mental health, and domestic violence. 	<ul style="list-style-type: none"> Continued fentanyl use with their clients. Additional training for staff with the referral/intake process to make it quicker and more efficient. 	<ul style="list-style-type: none"> Currently, agency recommends making changes to the documents and treatment plans for quality improvement. Agency recommended staff training for intake process to go through quickly and efficiently with each client. 	<ul style="list-style-type: none"> Quality improvement metrics seem to be primarily quantitative in nature. When asked how well they are meeting the needs of the clients, the response was "Very well based on serving 160 people/month." Creating opportunities for hearing feedback from individuals served would be helpful. Along same lines, this provider stated they do not follow up with clients after discharge. Having a follow-up process is important to understanding the efficacy of services.
Service Provider #3	<ul style="list-style-type: none"> Increase of self-referral due to making the self-referral process available. The agency noted a strength in increased use of lifesaving Narcan/naloxone access. There was robust training and quality improvement processes, positive relationships with courts, hospitals, clinics, and referral sources. 	<ul style="list-style-type: none"> Increase of fentanyl use and alcohol use in the community. Lengthy admissions process which makes it difficult for someone experiencing withdrawal to complete the admission process, leading to elopement from treatment. 	<ul style="list-style-type: none"> Reviewer noted about the Peer review process, that they wished they had increased lead time. Need immediate access to withdrawal management program prior to admission. 	<ul style="list-style-type: none"> This provider seemed to have a robust quality improvement process. They mentioned that they rely on internal CQI surveys because they "have

	<ul style="list-style-type: none"> • Referrals were reviewed within 24 hours. 		<ul style="list-style-type: none"> • Need Increased parity with physical health and mental health in terms of reimbursement rates and resources. • Need co-occurring treatment, increased ADA accommodation and increased multilingual resources. 	<p>not seen a DBHR client quality satisfaction survey for a couple of years.” BHAC recommends DBHR review their quality satisfaction survey process to ensure adequate reach.</p>
<p>Service Provider #4</p>	<ul style="list-style-type: none"> • Focuses on treating clients with respect and tailoring care to their individual needs. • They respond to referrals quickly, contacting potential clients within one business day and scheduling intake appointments within three days. • Each year, staff participate in multicultural and DEI training. • The agency has close partnerships with Child Protective Services (CPS) and justice systems to facilitate comprehensive support and accountability. 	<ul style="list-style-type: none"> • A reported decrease in enrollment due to CPS being less strict with individuals to attend inpatient services. • Increase in mixing of fentanyl, methamphetamine, and heroin in the community. • The agency does not utilize client satisfaction surveys, missing opportunities to gather feedback for service improvements. • CPS policies in Thurston County, which are perceived as less strict, may contribute to decreased enrollment, affecting outreach and service utilization. • While operational since COVID, the program has not significantly changed or expanded its approaches in response to evolving needs. 	<ul style="list-style-type: none"> • They would like to create more pathways for referrals. • Maintain short referral contact to 1 day, and offer intake within 3 days. 	<ul style="list-style-type: none"> • Increase outreach to local community organizations, healthcare providers, and social services to build more referral pathways. • Introduce client satisfaction surveys, such as the DBHR survey, to collect feedback and identify areas for improvement. • Create targeted programs or campaigns to address the prevalence of Fentanyl, heroin, and methamphetamine use, including education and harm reduction strategies. • Expand virtual and hybrid service options to reach clients who face barriers to in-person

				attendance.
Service Provider #5	<ul style="list-style-type: none"> The agency has personalized discharge planning, making sure to reach out to clients who leave treatment early. They use PCOMS (a tool for monitoring client progress) and quarterly surveys to gather feedback. The agency is managing to meet the high demand for services. The agency has a robust cultural humility training for staff, both at time of employment and ongoing. 	<ul style="list-style-type: none"> The agency faces challenges with the phone systems and hold times pose barriers for clients. There is a lack of integration between MATs and therapeutic support. Another challenge is fentanyl is increasingly being combined with methamphetamines, with some individuals also using fentanyl in isolation, albeit in smaller quantities. There are no formalized criteria for service provision. The agency has made requests for new curriculum and updated videos to enhance educational offerings, which is a challenge. The staff have expressed a desire for a reduction in repetitive paperwork to streamline administrative processes and improve efficiency. 	<ul style="list-style-type: none"> Agency recommends intake questions to be provided prior to peers arriving. The agency mentioned that they can have more growth in their youth program to better serve the community and target specific demographic. Having more clients specific to this grant in SUD programming. They recommended expanding the Kids Crisis Team, providing specialized training related to youth, adolescents, and gender topics. 	<ul style="list-style-type: none"> Implement the suggested 30-day follow-up call for all clients upon discharge to enhance aftercare and re-engagement. Consider upgrading phone systems to reduce wait times.
Service Provider #6	<ul style="list-style-type: none"> The agency ensures that suicide evaluations and other risk assessments (HIV risk, abuse, and domestic violence) is an integral part of the intake process. Agency offers a variety of specialized services, including gender-specific and trauma-informed care. The agency has provided efforts in annual diversity training and quarterly all-staff meetings with guest speakers addressed cultural competence. The REAL outreach team has connected with clients in the 	<ul style="list-style-type: none"> The agency struggles with staffing issues, which makes it difficult to provide specialized programs like young adult groups and a peer navigator program. Agency's assessment is 2 hours long. The agency mentioned that they have a gap in cultural competency. Limited Spanish-speaking counselors and reliance on external resources for language barriers. There is limited follow-up discharge that reduces opportunities to track outcomes and support recovery. The services provided from the agency puts a limit on rural areas where services should be concentrated in specific areas, 	<ul style="list-style-type: none"> The peer reviewer recommended to cross-train staff on the referral process and keep consistent records on where referrals are made to. The agency recommended additional peer services. 	<ul style="list-style-type: none"> Obtain the use of tablet-based intake systems to improve the efficiency and accuracy of data. The agency would benefit from expanding roles of peer recovery coaches in all phases of treatment, during intake and discharge to provide lived experience supports.

	<p>community to offer unique support, in partnership with DOVE House, Recovery Cafe, and PCP's wrap around services.</p>	<p>which are leaving rural areas under-resourced (for example, Quilcene, Brinnon).</p>		<ul style="list-style-type: none"> • Increase training frequency to address emerging trends like fentanyl misuse and complex co-occurring disorders. • Introduce a young adult-focused group and day programs like ASAM 2.5 Partial Hospitalization. • Offer community education sessions to raise awareness about the dangers of adulterated substances.
<p>Trends/Observations: Many agencies emphasized the importance of providing individualized care, focusing on client-centered treatment plans tailored to address co-occurring mental health and substance use disorders. They also highlighted their efforts to deliver culturally relevant services that meet the diverse needs of their clients. Despite these strengths, agencies reported significant challenges in recruiting and adequately training staff to meet service demands. Additionally, barriers to access remain a persistent issue. Lengthy admission processes deter clients, particularly those experiencing acute withdrawal symptoms. Limited multilingual resources and inadequate ADA accommodations hinder inclusivity, while service gaps in rural areas leave underserved populations without necessary support.</p> <p>Recommendations: To enhance care and support in behavioral health services, agencies could implement formalized follow-up processes, such as 30-day post-discharge calls, and advocate for funding to improve post-discharge care. Targeted training for staff, including scenario-based sessions on ASAM criteria and substance use trends, along with expanded roles for peer recovery coaches. Efforts to reduce barriers include streamlining admissions, increasing multilingual resources, and prioritizing underserved rural areas. Introducing client satisfaction surveys and focus groups can strengthen feedback mechanisms, while targeted campaigns and young adult-focused programs address emerging substance use issues. Agencies could also enhance cultural competency, increase Spanish-speaking counselors, and strengthen community partnerships to build referral pathways. Addressing workforce shortages and advocating for parity between mental and physical health resources remain critical priorities.</p>				

Client File Review Table- Substance Use Disorder

Service Provider #	Completed Client Files	Summary	Peer Reviewer Recommendations/ Comments	BHAC Review Recommendations
Service Provider #1	5	<ul style="list-style-type: none"> The files all contained an ASAM diagnosis. All clients met admission criteria and were enrolled in services to address legal, relationship and other issues to get their lives back on track for reunification, MAT, recovery, employment, etc. The charts had a good flow and there was a clear indication of collaboration between the team members to provide wrap around services to address the client's holistic needs. 	<ul style="list-style-type: none"> The agency had a good internal view of their program and understanding of where they expect their programs to be performing. There is a robust, communicative relationship with Pierce County which provided clear communication with passion and purpose to be a meaningful partner to the community. There is encouragement for a diverse focused workforce on supporting their staff to provide evidence-based and promising practices. 	<ul style="list-style-type: none"> Provide ongoing training for staff on emerging practices in substance abuse treatment, such as trauma-informed care, motivational interviewing, and culturally responsive care. Offer wellness and burnout prevention programs to support staff working in high-stress environments, ensuring they can continue providing quality care. Incorporate individuals with lived experience into the team to build trust and offer relatable guidance to clients. Expand services to include housing assistance and job training, key factors in maintaining long-term recovery.
Service Provider # 2	5	<ul style="list-style-type: none"> The agency made sure that the client's voice was always used to describe scenarios. The staffing documentation was thorough so that those who read the file had an understanding of the client and their situations. 	<ul style="list-style-type: none"> The facility added a number of beds for the ever-growing need of detoxification services. Clinical staff worked closely with the director to ensure proper care is ensured. The agency requested having an 'unknown' checkbox would be helpful with most questions. 	<ul style="list-style-type: none"> The agency should provide robust planning for post-detox services, including transitions to residential or outpatient treatment programs to reduce relapse rates. Create a structured mechanism for clients to provide feedback, such as surveys or focus groups, to improve service. Train clinical staff on advanced detoxification techniques and best

				<p>practices to handle complex cases, including polysubstance use.</p> <ul style="list-style-type: none"> • Increase collaboration between detox staff and counselors to ensure that information gathered during detox informs ongoing treatment. • The agency should add peer recovery coaches to the detox program to offer clients immediate support.
Service Provider #3	5	<ul style="list-style-type: none"> • The agency stated they are person centered, and treatment plans reflected the problems that were identified in the assessment. 	<ul style="list-style-type: none"> • The agency recommended the use of Zoom for client appointments and court dates. 	<ul style="list-style-type: none"> • Ensure that treatment plans include measurable goals that meet the individual's unique needs, including substance use triggers, co-occurring mental health conditions, and social determinants of health. Incorporate regular client-led plan reviews. • Invest in secure platforms for telehealth and provide technology literacy support for clients unfamiliar with these tools.
Service Provider #4	5	<ul style="list-style-type: none"> • All client files had assessments that were clear, followed the ASAM, and provided treatment recommendations. • Treatment plans had clear goals, objectives, and interventions. • Agency does not have a process to follow-up with the client after they have been discharged. • All client files appeared to follow the same format, which ensured all quality measures were followed. • All treatment recommendations were appropriately related to the information that was present at intake 	<ul style="list-style-type: none"> • The agency would recommend adding a 30-day follow-up with discharged clients to offer any support or direction they may need, which would create a new referral pathway if individual indicated they needed services again. 	<ul style="list-style-type: none"> • Create a standardized procedure to follow up with clients 30 days after discharge. • Develop a referral system specifically for discharged clients who may need additional services during the follow-up. • Regularly reviewing treatment plans maintains accountability, ensuring that each client's plan remains relevant. • Collect client feedback during the 30-day follow-up to assess the agency's discharge process and identify any gaps in support.

		<p>as well as individualized to the client needs.</p> <ul style="list-style-type: none"> Effectiveness was shown through the treatment plan and documentation of progress within the various plan reviews and individual progress notes. 		
Service Provider #5	5	<ul style="list-style-type: none"> The agency mentioned that multiple referrals were made throughout all files from beginning to end to other services such as mental health, medical, housing, MAT, and SUD inpatient treatment. Wraparound services are promoted at this agency and the client files reflect that. 	<ul style="list-style-type: none"> The peer reviewer recommended that adding interventions to every objective was discussed along with asking the client if a follow up call could be made 30 days after discharge. 	<ul style="list-style-type: none"> Develop a system to coordinate and track all wraparound services provided to clients. Include a standard consent section in the discharge paperwork where clients can opt-in for a 30-day follow-up. Ensure each treatment objective has clearly defined interventions. Create a uniform system to document all referrals, including details on the type of service, provider, and reason for each referral.
Service Provider #6	5	<ul style="list-style-type: none"> All patient files appear to address patient needs and concerns through using ASAM tools. Patient referrals are noted in the body of the assessment which matches with the agency's mission to reduce barriers and treat the whole person. The agency provided appropriate referrals when needed, and this is clearly documented in the ASAM summaries. Clinical language is geared toward medical necessity. Clinical language is geared to medical necessity. The agency appears to provide effective treatment based off of clinical file presentation. 	<ul style="list-style-type: none"> The agency does not appear to have a clear workflow surrounding addressing each problem reported in the assessment. It should also be noted that while the agency gives the patient information on referrals, it is not specifically notated in the chart where the patient was referred to. The agency does not appear to have a system in which they follow up with patients who have completed services. However, it was noted that this may take place, but the reviewee was not sure due to a core staff member being out who is responsible for processes others do not appear to have a clear understanding of. It would be beneficial for the agency 	<ul style="list-style-type: none"> Ensure that all treatment plan objectives have corresponding interventions explicitly documented. Establish a cross-training program for more support. Develop a clear protocol for documenting all client referrals, including specific details of where the referral was made and the purpose of each referral. Reinstate or incorporate a master problem list feature in the current EHR: make sure all staff receive training on utilizing the master problem list.

			<p>to complete cross-training if they have staff out on leave that have an isolated job.</p> <ul style="list-style-type: none">• The agency spoke about their barriers to staffing and having enough individuals in-house to take on the workload.• The peer reviewers and the agency discussed peer services and how this type of service, if offered, could support their rural agency.• It was reported that the agency recently changed systems, noting that their last EHR system provided a master problem list. The interviewee reported that they feel this will be a beneficial add on to the EHR system to extrapolate and collect patient problems from the intake assessment.	
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