

INDEPENDENT PEER REVIEW INSTRUMENT

I. PARTICIPATING AGENCIES IDENTIFYING INFORMATION

Date of Review:	OASAS Provider #:
	OASAS PRU #:

Name and Address of Program Reviewed:
Treatment Service Setting of Program being reviewed:

Name and Address of Program Conducting the Review:
OASAS Provider #:
OASAS PRU #:
Treatment Service Setting of Program Conducting the Review:

Name(s) and Title(s) of Reviewers

Name(s) and Title(s) of Participating Staff of Program Reviewed:
--

INDEPENDENT PEER REVIEW INSTRUMENT

II. CLINICAL REVIEW

Area 1: Admission Process (initial determination, level of care and admission)

1. What method(s) did you use to gather information on the admission process?

Check all that apply:

- a. Reviewed patient charts.....
- b. Interviewed intake personnel
- c. Toured the general admission area
- d. Reviewed documentation of the process
- e. Interviewed patients
- f. Interviewed senior administrator
- g. Review of Patient Tracking Log
- h. Other (Please indicate)....

2. Which staff member(s) are typically assigned to conduct admission procedures?

Check all that apply:

- a. Senior clinical staff
- b. Program Director.....
- c. Clinical Supervisor
- d. Student intern(s)
- e. Next available counselor.....
- f. An experienced intake specialist.....
- g. Senior administrative staff.....
- h. Last counselor assigned to patient from previous treatment episodes
- i. Counselor most skilled to meet patient's needs based on contact information
- j. Other (Please indicate)....

3. Does the agency provide regular on-site training for conducting admissions?

- Yes No

INDEPENDENT PEER REVIEW INSTRUMENT

4. What is the average length of time between initial patient contact and first onsite visit?

Check one:

- a. Less than one week
- b. One to two weeks
- c. Two to three weeks
- d. Three to four weeks
- e. More than four weeks

5. Did the reviewed program complete the Patient Tracking Log?

- Yes No

- If the patient tracking Log was not utilized what data source was used to answer question #4?

6. From the Patient Tracking Log, please take the sum total of column six (date of 1st Treatment Session minus the date of 1st Contact) and divide it by the sum total of all patients who received a 1st Treatment Session as illustrated by the equation below:

$$\frac{\text{Sum across all clients (Date of 1st Treatment - Date of 1st Contact)}}{\text{(Number of Clients who received a 1st Treatment Session)}}$$

Enter number here: _____

7. How long is the average **initial** patient interview?

Check one:

- a. Less than one hour
- b. One hour
- c. 90 minutes.....
- d. Two hours
- e. More than two hours

8. Does the admission process take more than one appointment to complete?

- Yes No

- If yes, indicate the average number of separate appointments needed to complete the admission process? _____

INDEPENDENT PEER REVIEW INSTRUMENT

9. How are admission decisions determined?

Check one:

- a. Clinical director decides based on patient information.....
- b. Counselor who conducted the initial admission decides.....
- c. Decisions are made through interdisciplinary case conferences
- d. Medical Director makes the decision to admit
- e. Other (*please indicate*).....

10. How does the program determine the appropriate level of care?

Check all that apply:

- a. Review of case during interdisciplinary case conferences.....
- b. Application of criteria established by the treatment agency
- c. Judgment of the clinical evaluator
- d. Application of standard criteria (e.g., LOCADTR / ASAM)
- e. Other (*please indicate*).....

Area 2: Comprehensive Evaluation (Post-Admission Assessment)

11. What method(s) did you use to gather information on the comprehensive evaluation?

Check all that apply:

- a. Reviewed patient charts.....
- b. Interviewed counseling staff.....
- c. Toured the general admission area
- d. Reviewed agency documentation of the process
- e. Interviewed patients
- f. Interviewed senior program administrator.....
- g. Other (*please indicate*).....

12. Does the program utilize standardized tools as part of the process of conducting comprehensive evaluations (e.g., ASI (Addiction Severity Index), ASSIST, AUDIT, CAGE, CRAFFT)?

Yes No

- If yes, please indicate.....

INDEPENDENT PEER REVIEW INSTRUMENT

13. Does the program screen for co-occurring health disorders (e.g., Modified Mini Screen (MMS); Mental Health Screening Form III (MHSF-III); National Co-morbidity Survey – K6 Scales)?

Yes No

- If yes, is there a standard tool and/or protocol that is used? Please indicate.....

14. Does the program provide alcohol and drug screening services for collaterals?

Yes No

- If yes, does the program initiate treatment and/or referral services for collaterals or significant others / family members?

Yes No

15. Does the program screen for tobacco use / nicotine addiction?

Yes No

16. What interventions are being used to address tobacco use/nicotine addiction?

17. In accordance with the Tobacco Free Services Title 14 NYCRR Part 856, has your program implemented a tobacco-free policy?

Yes No

- If yes, what were/are the greatest challenges in that policy's implementation and compliance?

INDEPENDENT PEER REVIEW INSTRUMENT

When recording your ratings in Area 3 and 4, please base your evaluation on the number of reviewed case records that contain the required information asked for in each item. Reference the following guidelines to determine rank.

Exceptional = 6 charts; Above Avg. = 5; Avg. = 4; and Below Avg. = 3 or less.

Area 3: Treatment Planning (including appropriate referrals):

18. From case records reviewed how well do individual treatment plans...

	Exceptional	Above Average	Average	Below Average
a. address problems identified in patients' comprehensive evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. outline individualized treatment goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. reflect clear objectives for meeting goals in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. reflect appropriate referrals for services based on patient's identified needs/problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How well do treatment plan revisions/updates accurately reflect patient progress in addressing identified problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do treatment plans contain evidence that the plan was made in collaboration with the patient (e.g. patient signature)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Area 4: Documentation of Treatment Services -- Case Record Review

	Exceptional	Above Average	Average	Below Average
21. Overall, how well do progress notes reflect patient progress toward treatment goals that are outlined in the treatment plans and treatment plan revisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Overall, how well do progress notes reflect patients' responses to treatment interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Overall, how well do progress notes reflect treatment services and/or referrals that <u>directly address</u> patients' problems, which are identified in treatment plans and treatment plan revisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDEPENDENT PEER REVIEW INSTRUMENT

Area 5: Discharge and Aftercare Planning

24. From the six case records you reviewed how many contain documentation of:
- a. An individualized relapse prevention plan that is sensitive to patients' cultural and spiritual needs/considerations?
 - b. Specific referrals to outside agencies for continuing care services?.....
 - c. Initial appointments for referred continuing care services?
 - d. Evidence that the discharge/aftercare plan was made in collaboration with the patient (e.g., patient signature)?
 - e. Evidence of involvement by any significant other(s) the patient chose to involve?
 - f. Evidence of patients' contact information and agreement to participate in post treatment follow-ups?

Area 6: Indicators of Treatment Outcomes

25. Does the program conduct post-treatment follow-up?
- Yes No
- If yes, check all applicable sources:
 - a. phone
 - b. letter
 - c. survey
 - d. e-mail
 - e. Other.....
26. Does the program have any program performance monitoring systems in place beyond OASAS' reporting requirements?
- Yes No
- If yes, please describe:

INDEPENDENT PEER REVIEW INSTRUMENT

27. What criteria does the program use to evaluate patients' progress in treatment?

Check all that apply.

- a. Patient attended a pre-determined number of treatment sessions
- b. Patient discontinued use of primary substance
- c. Patient completed tasks and objectives as outlined in the treatment plan
- d. Patient met treatment goals as outlined in the treatment plan
- e. Consensus by staff during MDT and/or treatment team meetings.....
- f. Patient engaged successfully in another or lower level of care
- g. Other (*please indicate*):

ASSESSMENT OF CLINICAL SUPERVISION

Please procure a copy of the agency's clinical supervision policy to help guide this section of the review process.

28. Does the program have a written policy for clinical supervision?

- Yes No

- *If yes, please provide a copy of the policy if available.*

29. What is the overall goal of clinical supervision (i.e. staff development, oversight/guidance of evidence-based practice and treatment interventions)?

30. What strengths does the agency see in their clinical supervision policy?

31. What are some challenges the agency recognizes in clinical supervision policies and practices?

32. What tools/resources are used to guide the supervisory relationship (i.e. use of a supervisory agreement)?

INDEPENDENT PEER REVIEW INSTRUMENT

33. Complete the following table to describe how many clinical supervisors are in the program, their qualifications, how many counselors they supervise and if they carry a patient caseload.

Clinical Supervisor	Qualifications	Number of Supervisees	Client Caseload

34. Who provides oversight and guidance (supervision) to clinical supervisors- what are their qualifications (experience, education) and what resources are made available for supervision (e.g. training)?

Supervisors providing guidance	Qualifications	Resources (trainings etc.)

35. On average, how frequently do direct line staff receive scheduled clinical supervision, and what is the duration of supervision meetings?

Frequency	Duration			
	30 minutes	60 minutes	90 minutes	other
Weekly				
Biweekly				
Monthly				

INDEPENDENT PEER REVIEW INSTRUMENT

36. What types of modalities are used for clinical supervision (check all that apply)?

Modality	Rarely	Sometimes	Always
Individual Supervision			
Group Supervision			
Peer Supervision			
Other (please indicate)			

37. For each category, please check off the column that best describes the time devoted to that area in clinical supervision meetings.

	Rarely	Sometimes	Always
Administrative issues (e.g., paperwork)			
Case management issues			
Transference / Counter-Transference			
Counselor skill development			
Assessment of counselor competency			
Professional development plans			
Ethical and Professional issues			
Evidenced-Based Practice implementation			
Discussion of direct observations: -Group sessions			
Discussion of direct observations: -Individual sessions			
Discussion of one-way mirror observations			
Reviewing tapes of sessions			

38. For each category, indicate how often clinical supervisors observe their supervisees conduct the following:

	Rarely	Sometimes	Always
Group sessions			
Individual sessions			
Intake sessions			
Family treatment sessions			
Other: please indicate			

INDEPENDENT PEER REVIEW INSTRUMENT

39. Has clinical supervision had any measurable impact on your program (e.g. staff retention, skill development, staff morale, clinical outcomes)?

Yes No

- *If yes, please describe how your program tracks and evaluates these outcomes.*

40. Please describe how clinical supervision is integrated into your agency's QA/QI processes.

41. What evidence-based practices or innovations does the agency use to assist in clinical supervision processes (*if possible, provide copies of these instruments*)?

42. Are clinical supervision records documented and filed?

Yes No

43. Do supervisors provide written supervision summaries to staff?

Yes No

44. Would your agency be open to receiving additional information and/or technical assistance for clinical supervision?

Yes No

- If yes, what areas of training/technical assistance are you interested in?

45. Please indicate if you or anyone in your agency participated in one or more of the following training. Place a check in each category indicating the appropriate response.

	YES	NO
OASAS 5 Day Clinical Supervision Training		
OASAS 3 Day Clinical Supervision Training		
-With on-site technical assistance		
University Based Clinical Supervision Training		
Conference workshops on Clinical Supervision		
Other-		

INDEPENDENT PEER REVIEW INSTRUMENT

REVIEWER'S ASSESSMENT OF THE INDEPENDENT PEER REVIEW PROCESS

46. Is there any particularly innovative program policy or effective practice that came to your attention during the peer review process?

47. What does the agency appear to be doing well from their perspective?

48. Do you as the reviewer agree with their perspective?

49. What program areas could benefit from improvement?

50. Have you participated in the Independent Peer Review Process before? Yes No

51. Would you participate in the Independent Peer Review Process again? Yes No