

# Alcoholism and Substance Abuse Providers of New York State

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## New York State Independent Peer Review Year 2000



ASAP



OASAS

*Produced under contract with the  
New York State Office of  
Alcoholism and Substance Abuse Services*

Written by:  
**Michael H. Ballester, M.A., CASAC**  
Associate Director, ASAP

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# New York State Independent Peer Review

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## Executive Summary

The U.S. Department of Health and Human Services mandates that states which receive Substance Abuse Prevention and Treatment (SAPT) block grants conduct a Peer Review of 5% of SAPT supported treatment programs. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) contracted with the Alcoholism and Substance Abuse Providers of NYS (ASAP) to coordinate the Peer Review process starting in 1998. This report summarizes the results of ASAP's second full year of coordinating Peer Review in New York State.

The purpose of the Independent Peer Review process is to improve the effectiveness of alcoholism and substance abuse services in New York State. Professional peers are selected to review programs with an eye toward identifying innovations and best clinical practices. During the review process, programs gather and share information with each other that helps to improve their services.

This year's Independent Peer Review was broadened to include prevention programs and other treatment modalities. The voluntary participation of both prevention and treatment programs in Independent Peer Review is a reflection of the commitment of the field to continually improve treatment and prevention services to individuals affected by alcoholism and substance abuse.

ASAP is a not-for-profit membership association that seeks to improve the quality of life in New York State by advocating for and promoting the highest quality treatment, prevention and research in the areas of alcoholism and substance abuse services. Its membership includes programs and agencies throughout New York State that provide alcoholism and substance abuse prevention, treatment, research and evaluation services.

### **Significant Findings of the Year 2000 Independent Peer Review**

- All treatment programs reviewed indicated that the intake process respected the dignity of the client.
- Almost two thirds of the treatment programs reviewed (62%) had an admission appointment with clients between one and five days of their initial contact with the program.
- Almost all treatment programs reviewed reported the ability to screen for mental illness (97%), and addressed the problems noted in the psychosocial assessment and continuing care progress notes (94%).
- Nearly all treatment program administrations were found to be efficient and effective (94%) and support clinical goals (90%).
- More than three quarters (77%) of the programs were reported to have effective Governing Boards and internal committees. Only one program indicated that its board participation has been minimal.

- Over 1/3 (35%) of the treatment programs are challenged by staffing issues. Several are restructuring their current staff pattern and a number of programs continue to struggle with hiring and retaining staff due to low salaries.
- All treatment plans reviewed addressed problems that were noted in the client's psychosocial history and continuing care progress notes.
- Only 63% of treatment programs reviewed conducted client satisfaction surveys.
- Three of the treatment programs reported a delay in admission appointments due to staff shortages and/or having to wait for approval from social services.
- For the treatment and prevention programs completing the assessment of the Independent Peer Review, 91% indicated that they would participate in the Independent Peer Review again.
- Prevention programs were found to use a number of effective, science-based strategies. These include strategies in the areas of education, alternative activities, early intervention, collaboration, communications, and social policy.
- Prevention programs consistently based their activities on proven science-based practices. It was reported that 62% conduct internal evaluations and 23% external evaluations as a method to improve services.
- All of the prevention programs reviewed were reported to have efficient and effective administrations.
- Prevention programs identified problems in hiring and retaining qualified staff due to limited budgets (38% overall, 55% of reviews that completed the administrative review section).

### **Level of Participation in 2000 Independent Peer Review**

ASAP's second year of coordinating Independent Peer Review was enhanced by a willingness of providers to expend time and resources in order to review and identify best practices occurring in the prevention and treatment field. Their recognition of the importance and benefits of Peer Review was evident by the number of programs involved and the number and professional commitment of the reviewers:

- Fifty prevention and treatment programs
  - Modalities participating in the Peer Review included:
    - Alcoholism Outpatient Clinics
    - Substance Abuse Medically Supervised Outpatient
    - Chemical Dependency for Youth Alcoholism Outpatient Clinics and Residential Programs
    - Drug Free Day Services
    - Drug Free Outpatient

- Drug Free Residential
  - Inpatient Rehabilitation
  - Prevention
  - Residential Halfway Houses
  - Residential Supportive Living Programs
- Eighty substance abuse professionals participated as Peer Reviewers
    - More than one quarter of the reviewers (26%) were executive directors or directors
    - More than half (56%) were Credentialed Alcoholism and Substance Abuse Counselors (CASAC)

### **Identified Best Practices in the 2000 Independent Peer Review**

Consistent with last year's report, reviewers of treatment programs indicated that most programs reviewed exhibited elements that are considered to represent “best practices”, including:

- Intake processes that respect the dignity of the client;
- Assessment processes that appropriately identify the need for care, the appropriate level and setting for care and forms the basis for a treatment plan;
- Treatments plans that provide a flexible guide for helping the client get better;
- Documentation that demonstrates the delivery of appropriate treatment services to meet the client’s needs in a timely manner;
- Discharge plans that support the client’s long-term recovery; and
- Outcome-oriented program policies, procedures and practices.

Prevention programs that operated in schools, communities, and the criminal justice system; and which provided training participated in the Peer Review for the first time this year. The majority of these programs (69%) served both youth and adult populations, while the balance provided services to youth only.

Reviewers of prevention programs examined the types of prevention strategies programs used, what risk and protective factors the program was trying to address, as well as the outcome and evaluation activities conducted. Reviewers of prevention programs were given an opportunity to review each other’s administrative operations, as well as provide an opportunity for the program to self-report on best practices. Prevention programs were consistently found to use innovative, science-based activities in addressing the populations they served.

### **Model Program Practices Identified in the 2000 Independent Peer Review**

New to Independent Peer Review is the highlighting of specific model program practices from the reviews completed. Identified practices were reviewed for qualities relating to scientific base,

ability for replication, and potential for integration with other program services. Model practices identified included:

- Use of Naltrexone to reduce craving and improve treatment outcome.
- Collaboration with a local nursing home to promote interaction and mutual support among treatment clients and nursing home residents.
- Use of sexual abuse trauma group for women in a residential treatment setting.
- Childcare support services in an outpatient setting.
- Use of a motivational enhancement group to help clients identify goals for treatment.

Dissemination of the Peer Review results and best practices identified are the last and most important step of the process. Once completed, all reviewers and programs participating in Peer Review are provided with a copy of the final report. The report is also made available in hard copy and electronic format. Visitors to the ASAP website [www.asapnys.org](http://www.asapnys.org) are able to read highlights of the report as well as to download copies of the most recent New York State Independent Peer Review Report.

The report that follows, highlighting the findings of the 2000 Independent Peer Review process, details the work of ASAP staff and the volunteer efforts of the staff and clients from the 50 prevention and treatment programs and the 80 Peer Reviewers who contributed to this year's activities.

## Background of the ASAP Coordinated Independent Peer Review

### Purpose

The purpose of the Independent Peer Review Process is to improve the effectiveness of New York State's alcoholism and substance abuse services delivery system. Professional peers review programs with an eye toward identifying innovations and model clinical practices. During the review process, both peer reviewers and programs gather and share information with each other to help improve program services.

The Independent Peer Review is designed to:

- Focus on “Model Practices”, giving programs an opportunity to identify what they are doing well.
- Serve as a professional activity rooted in professional understanding and trust.
- Be an educational process, for both the program being reviewed and the professional(s) conducting the review. This educational process serves to stimulate professional growth and to strengthen the profession.
- Provide a supportive environment in which professionals can identify quality improvement opportunities and provide feedback on how the program might improve clinical practices and quality of care.
- Identify professional strengths, professional competency related to knowledge and skills, positive accomplishments, and innovative approaches.
- Facilitate the sharing of important findings with the broader alcoholism and substance abuse field.

### The Independent Peer Review Process

The Independent Peer Review process is a requirement in Federal Substance Abuse Prevention Treatment (SAPT) Block Grant regulations [45 CFR part 96, §96.136]. As part of the Independent Peer Review, reviewers are required to examine: admission criteria/intake process; assessments; treatment planning, including appropriate referrals; documentation of treatment services provided; discharge and continuing care planning; and indications of outcome-oriented treatment processes. As stated in regulation, reviews must be separate from activities that drive any funding decisions and are not part of any licensing/certification process.

OASAS has contracted with ASAP to administer the Independent Peer Review process for the past two years, and has worked closely with ASAP throughout the process of planning and revising existing protocols and procedures with the goal of enhancing Peer Review efforts in New York State.

ASAP engaged in extensive outreach to the field to recruit programs to participate. This included a statewide mailing, presentations at ASAP meetings and a number of coalition groups, and personal contacts with agencies. Michael Ballester, ASAP Associate Director, held orientation sessions between February 22, 2000 and March 9, 2000 in the same six locations as the first year: Buffalo, Rochester, Syracuse, Long Island, New York City and Albany. This year an additional

orientation, was held in the Mid-Hudson region due to the large number of providers expressing interest in that area. A total of 113 individuals from 93 different agencies attended the orientation sessions. Program modalities included alcohol outpatient clinics, drug free outpatient, substance abuse medically supervised outpatient, drug free residential, inpatient rehabilitation, methadone maintenance, halfway houses, supportive living and prevention programs.

The Peer Review treatment protocol, format, and guidelines were reviewed and modified based upon the first year experience and the orientation sessions. These were submitted to OASAS for approval and distributed to the Peer Review participants<sup>1</sup>. The Peer Review prevention protocol, format and guidelines were developed in consultation with prevention providers, the ASAP prevention committee, and OASAS. These were submitted to OASAS for approval and subsequently distributed to the prevention participants<sup>2</sup>.

Eighty (80) alcoholism and substance abuse professionals were recruited to review a total of fifty (50) alcoholism and substance abuse treatment and prevention programs. It should be noted that while a majority of agencies attending orientation sessions conducted Peer Reviews, a number could not commit due to clinical or other administrative constraints.

<b><u>Modalities of Programs Reviewed</u></b>	<b>Number of Programs</b>
Alcoholism Outpatient Clinic	5
Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient	8
Chemical Dependency for Youth Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient	1
Drug Free Day Service	1
Drug Free Outpatient	1
Drug Free Residential	1
Inpatient Rehabilitation	5
Prevention	13
Residential Chemical Dependency for Youth	2
Residential Halfway House	6
Residential Halfway House & Residential Supportive Living	1
Residential Rehabilitation	1
Substance Abuse Medically Supervised Outpatient	5

Provider recognition of the importance of the Peer Review was evident by the experience level of the individuals who took part in the process and by the time they devoted to reviewing program activities and completing the report. Reviewers from programs represented a variety of staff positions including Executive Directors, Directors, Associate Directors, Deputy Directors, Program Directors, Clinical Directors, Program Coordinators, Managers, Supervisors, Counselors, Social Workers, Prevention Specialists, Prevention Educators, Program Specialists and a Consultant.

While participating agencies represented a broad range of service modalities, it should be noted that no methadone treatment programs participated in the year 2000 Peer Reviews. This suggests that more intensive outreach should be conducted to include methadone programs in future cycles of the Independent Peer Review.

<sup>1</sup> See Appendix A

<sup>2</sup> See Appendix B

<b>Job Titles of Reviewers</b>	
Executive Directors – Directors	21
Associate Directors – Deputy Directors	3
Program Directors – Clinical Directors	14
Coordinator – Manager – Supervisor	17
Counselor – Social Worker	15
Prevention Specialist – Prevention Educator	4
Program Specialist	5
Consultant	1

The reviewers brought with them a significant degree of experience and knowledge to the review process as evidenced by their educational level and professional certification. Certification and credentials of the reviewers included Credentialed Alcoholism and Substance Abuse Counselors (CASAC), Certified Social Workers (CSW), Accredited Certified Social Workers (ACSW), Registered Nurses (RN), individuals with a variety of Master’s degrees (M.A., M.S., M.S.Ed., MAC) and Baccalaureate Degrees, National Certified Addiction Counselors (NCAC II), Juris Doctors (JD), Certified Criminal Justice Specialists (CCJS), and Certified Alcohol Drug Technicians (CADT).

<b>Reviewer’s Credentials</b>	<b>Number of Reviewers</b>
Credentialed Alcoholism and Substance Abuse Counselor (CASAC)	45
Certified Social Worker (CSW)	18
Accredited Certified Social Workers (ACSW)	2
Registered Nurse (RN)	4
Master’s Degree (M.A., M.S., M.S.Ed., MAC)	18
Baccalaureate Degree	11
National Certified Addiction Counselor (NCAC II)	2
Other	3

## **Results from the Independent Peer Review**

### **Peer Review of Treatment Programs**

#### **Treatment Program General Observations**

The field’s response to ASAP’s coordination of the Independent Peer Review was positive. Thirty-seven treatment programs volunteered and participated in the review initiative.<sup>3</sup> Fifty-four (54) professional peers reviewed programs and completed the written documentation.<sup>4</sup>

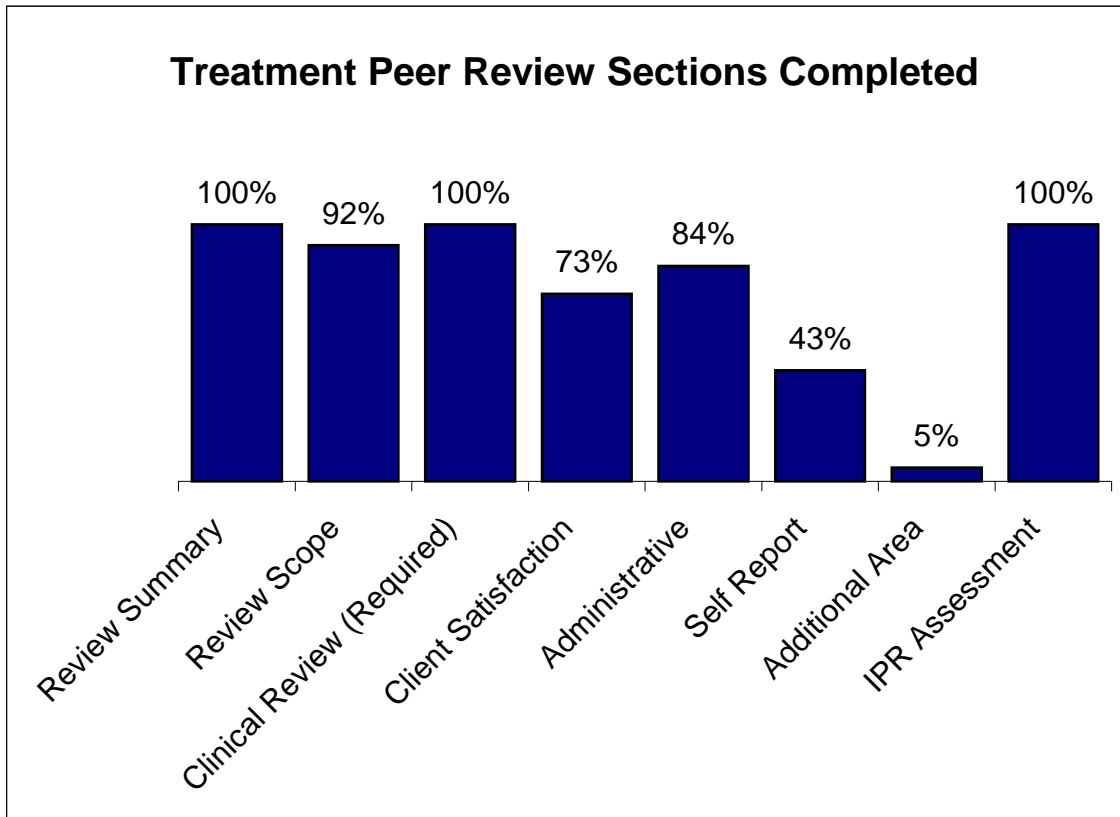
Independent Peer Reviewers used a variety of methods to review programs and services they provide to clients. Each review took approximately one day and included:

<sup>3</sup> See Appendix C for list of programs

<sup>4</sup> See Appendix D for list of reviewers

- Tours and general observation of programs and their surroundings.
- Interviews with agency staff members performing various functions including clinical, support, administrative, intake and fiscal.
- Review of clinical forms (i.e., admission and discharge forms, screening and assessment instruments, and treatment and goal setting tools).
- Observation of admission processes.
- Interviews with clients individually and in group format.
- Review of open and closed patient records.

The only mandatory section that all treatment program Peer Reviewers are expected to complete is the Clinical Review section. All reviewers completed this section as well as the Review Summary, and Assessment of the Peer Review process. The majority of reviewers (92%) also completed the Review Scope and 84% reviewed treatment program Administration areas. Almost three quarters of the Peer Reviewers (73%) looked at client satisfaction issues. Of the treatment programs reviewed, 43% completed the Program Self-report section, which allowed them an opportunity to add additional information not included in the report. Only a small number (5%) of reviewers elected to provide information in the Additional Area section.



Reviewers of treatment programs found that most programs reviewed exhibited elements that are considered to represent "model practices", including:

- Intake processes that respect the dignity of the client.
- Assessment processes that appropriately identify the need for care, the appropriate level and setting for care and forms the basis for a treatment plan.
- Treatments plans that provide a flexible guide for helping the client get better.
- Documentation that demonstrates the delivery of appropriate treatment services to meet the client's needs in a timely manner.
- Discharge plans that support the client's long-term recovery.
- Outcome-oriented program policies, procedures and practices.

### **Clinical Review**

The clinical review of programs is the required portion of the treatment Independent Peer Review as specified in Federal SAPT requirements. All Peer Reviewers completed this section, which was broken down into six objectives.

Reviewers met with clients, program staff, observed the admission area and, where appropriate, viewed the admission process. All reviews indicated that the programs' intake process respected the dignity of the client. Staff were described as warm, non-threatening, caring, professional and supportive.

Reviewers described the attitude of program staff in their interaction with clients and the physical environment as the two highest factors important in making clients feel comfortable in the program. Office staff, as well as confidentiality, were also indicated as very important in making the clients feel welcome and at ease.

In addition some reviewers identified additional issues that added to the clients' comfort, these included:

- Clients already admitted to the program sharing their personal story with the newly admitted clients.
- Providing refreshments.
- Bilingual staff.
- An appointment time within the first five days of contacting the program.
- Tours of the program for client and family members.

Reviewers reported that for the majority of programs the approximate length of time between first contact with the client and an admission appointment is between one to five days (62%). Most programs reported that they make every attempt to shorten the time span between initial contact and first appointment. Several programs reported a delay in setting up an admission appointment due to staff shortages and having to wait for approval from social services.

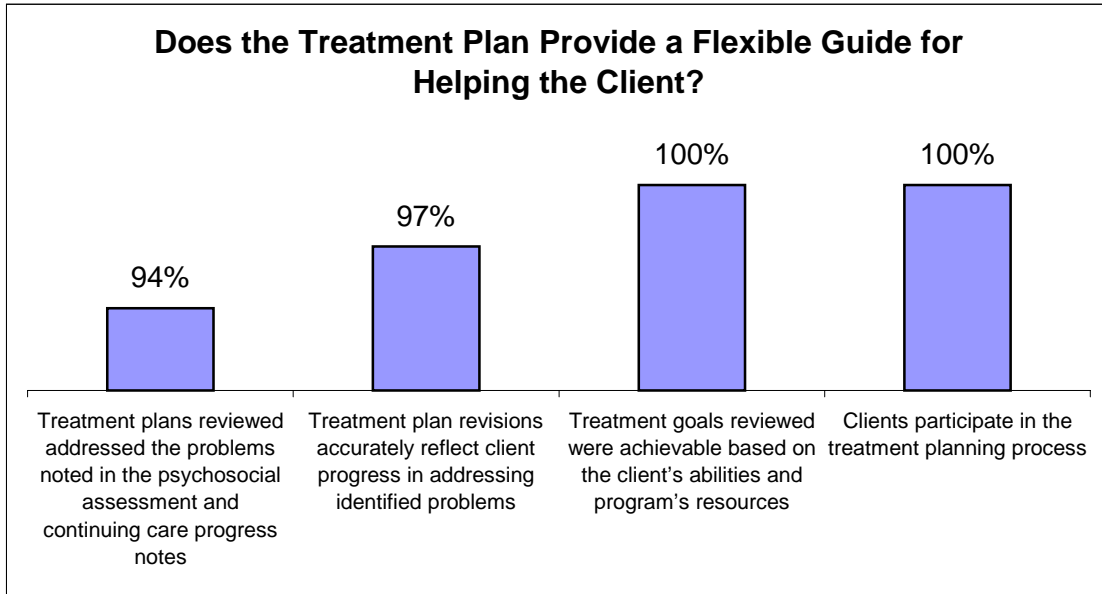
All programs reported that clients are informed of their rights while in treatment. The majority of programs provide a written statement at the time of admission and have the clients sign a form indicating they have received and understand their rights.

<b>Programs Reporting</b>	<b>Approximate Length of Time Between Contact with Client and Admission Appointment</b>
<b>6%</b>	Twenty-Four Hours
<b>62%</b>	Between One and Five Days
<b>15%</b>	1 Week
<b>9%</b>	2 Weeks
<b>6%</b>	3 Weeks
<b>3%</b>	More Than 3 Weeks

Reviewers interviewed clinicians, intake staff, and reviewed charts, diagnostic tools and forms in order to determine if the assessment process adequately identified the need, level and setting for care and formed the basis for a treatment plan. Peer reviewers reviewed 127 case records during the treatment Independent Peer Review (71 open files, and 56 closed files). In almost half (49%) of the programs reviewed, reviewers looked at more than the Federally required minimum of 1 open and 1 closed file, one-half (50%) of those reviewers looked at four or more files, and in one Peer Review eleven files were examined.

Reviewers reported that the assessment processes used by participating providers demonstrated that admissions were appropriate to admission criteria, that assessments supported the diagnostic impression and identified and addressed dysfunctionality and, that the level of care determination was appropriate. Almost all programs reviewed (97%) were reported to have the ability to screen for a co-existing mental health disorder.

Reviewers determined that programs provided a flexible guide for helping clients by interviewing clinicians and clients, reviewing charts and forms used for the treatment planning process, and by sitting in and observing staff activities. Reviewers indicated that nearly all (94%) of the treatment plans reviewed addressed the problems noted in the psychosocial assessment and continuing care progress notes. Ninety-seven percent (97%) of reviewers indicated that the treatment plan revisions accurately reflected client progress in addressing identified problems. All reviewers reporting on appropriateness of treatment goals indicated that they were achievable based on the client's abilities and resources, and that actively clients participated in the treatment planning process.



Reviewers reported that in nearly all the programs reviewed, documentation demonstrated appropriate delivery of treatment services. Programs not only tied treatment notes into the client treatment plan, they also were tied into other areas such as:

- Specific issues identified in internal assessment tools.
- Remedies applied and perceived outcomes.
- Counselor assessment, future plans and interventions.
- Services.

Reviewers indicated that in most programs reviewed (94%), charts documented the level of client functioning in response to treatment services as well as justifying the level of services clients were receiving. Ninety-seven percent (97%) of the programs reviewed had documented providing treatment on a timely basis.

Programs reviewed scored high marks from the reviewers in their discharge plans supporting the client's recovery. Reviewers reported that all plans reviewed supported the client's documented history and that plans were consistent with the client's level of functioning in nearly all programs reviewed. Continued care plans also met the needs of clients in most (97%) of programs reviewed.

Do Discharge Plans Support the Client's Recovery?	
Discharge plans are consistent with the documented history.	100%
Discharge plans are consistent with the client's level of functioning and resources.	97%
Clients participate in the development of the plan.	97%
Continued care of clients is addressed in a discharge plan that meets the client's needs.	97%

All programs reviewed are required by their license to report treatment outcome information through their monthly reporting forms to OASAS. Programs also participate in the Integrated Program Monitoring and Evaluation System (IPMES) and are required to develop yearly workscopes, which track utilization rates and treatment outcomes as performance measures. Some of the programs participating in the Independent Peer Review Process indicated that they are currently or are in the process of tracking client outcome post discharge. A number of programs collect data at the time of discharge and post discharge. All programs use the information (monthly reports, IPMES, and Surveys) to measure and improve their program and client outcome. This information is reviewed by some programs through their Quality Assurance Committees or by their administration.

### **Client Satisfaction**

Reviewers gathered information on client satisfaction of treatment program services by talking with clients directly, reviewing programs' satisfaction surveys and talking with staff. More than half the reviewers who completed this section talked with clients (59%) and reviewed existing survey results (56%). Over one-quarter (25%) talked with staff extensively on this review area. Reviewers completing this section reported that 63% of the programs conducted a client survey.

Of the programs reviewed, reviewers consistently indicated that clients feel the program serves their needs, feel welcome, are satisfied with the services, and are treated in a sensitive and professional manner. All programs indicated that clients are fully informed of the procedures for filing complaints internally and 96% of the programs inform clients on how to register an external complaint.

### **Administrative Review**

During the Peer Review reviewers and programs were encouraged to examine administrative issues in order to address problems that they shared, exchange ideas for resolution and improvement, and identify areas of innovation. Reviewers were given a list of possible administrative areas to discuss with programs they reviewed. The majority of reviewers discussed the suggested topic areas with the programs.

<b>Administrative Areas Discussed</b>	<b>Number of Reviews Discussing Area</b>
Quality Assurance	26
Utilization Review	24
Program Activity Scheduling	23
Staffing Patterns/Employment Environment	21
Internal Controls	11
Customer Satisfaction (Client / Funding Source)	15
Program Planning and Development	18
Outcome Measurement	15
Application of Information Technology	16
Network Formation/Outreach/Marketing/Managed Care	16
Data Flow Between Clinical and Billing and Between Clinical and Administration	13

**Results of the administrative review indicated that:**

- Nearly all program administrations are efficient and effective (94%) and support clinical goals (90%).
- More than three quarters (77%) of the programs were reported to have effective Governing Boards and internal committees. Only one program indicated that its board participation has been minimal.
- Over one-third (35%) of the programs are challenged by staffing issues. Several are restructuring their current staffing pattern and a number of programs continue to struggle with hiring and retaining staff due to low salaries.

**Noteworthy strengths of program administrative areas included:**

- Strong Quality Assurance and Utilization practice.
- A strong, flexible administration utilizing communication that is consistent and timely.
- Clear policies and procedures developed to cover all the necessary areas required by governing bodies, as well as those that benefit the clients served and the needs of the program.
- Clearly defined chain of command, program vision, and job responsibilities
- Administration with a hands-on approach that is connected with function of program and client treatment.

**Self-report**

Programs reviewed had the opportunity to provide information on their practices by submitting a program self-report. Suggested focus areas for the self-report included:

**Recent Program Modifications**

Programs reported recent modifications of their programs through the addition of new services, participating in evaluation of program services, increasing services and revising current practices.

**Mechanisms Addressing Staff Training**

Almost all of the self-reports (91%) indicated that programs provided in-service training to address staff needs in this area. Programs also addressed training issues by having staff attend outside training and conferences (70%). Only one program reported that they were able to provide tuition reimbursement.

**Staff Retention**

Programs completing the self-report indicated that the development of a healthy work environment and a comprehensive salary and benefits package were the most effective in addressing staff retention issues.

**Program Challenges**

Programs reported that dealing with Managed Care, hiring and retaining staff and expanding their current level of services were the three biggest challenges faced in the past year.

**Information Flow**

Programs reported using a variety of mechanisms to share information throughout their agency. Examples included agency libraries, mailings, journal subscriptions, staff meetings, and trainings.

### Research

Seven programs reported that they recently participated in a research project.

### **Model Program Practices**

As part of the Year 2000 Independent Peer Review, reviewers were asked to identify treatment program activities that were innovative and which they considered model practices. From the reports received, ASAP staff gathered additional background information on these model program practices looking at such variables as the research or scientific bases of the practice, outcome or potential outcome of the activities, the ability for replication of the program practice in the same or different modality, and coordination with other program services within or outside of the agency. As a result of this further investigation the following model practices were identified.

### **Improving Self-esteem, Behavior, and Well Being Through Intergenerational Support Activities**

#### **Canton-Potsdam Hospital Chemical Dependency Services**

Rehabilitation Unit

50 Leroy Street

Potsdam, New York 13676

Phone: (315) 265-3300 Fax: (315) 268-0030

Carolyn M. White, Director

The Canton-Potsdam Hospital Chemical Dependency Services provides acute care detoxification, alcoholism outpatient treatment and inpatient rehabilitation services in a rural area in upstate New York. The Chemical Dependency Clinic shares supervision and medical directors with their Viral Hepatitis Clinic that serves a population with an almost 100% history of past or present substance abuse.

The Chemical Dependency Services Rehabilitation Unit is a 17-bed, hospital based chemical dependency rehabilitation program. The Rehabilitation Unit has cultivated a strong working relationship since 1992 with a nursing home (The Community Nursing Home) located across the parking lot from the hospital.

Patients from the Rehabilitation Unit and residents at the nursing home engage in a number of intergenerational activities. These activities include:

- Parties for various holidays held jointly including caroling at Christmas time.
- A combined gardening project where flowers and vegetables are grown and used in the rehabilitation center and nursing home.
- Residents and patients attending community events/activities together.
- Residents from the nursing home tutoring selected patients. Several residents who are retired teachers provide literacy support to clients.
- Clothing donations are shared between the two programs for patients and residents.

The Directors of the two programs have developed a collegial and open relationship. Sheena Smith, CTRS, the rehabilitation counselor at Canton-Potsdam Hospital works closely with her counterpart in the nursing home in developing joint ventures.

Costs for the program are minimal. The only expenses are those normally incurred by the program. The programs also solicit donations from area merchants for joint activities, including flowers and vegetables to plant, and tickets to attend local events.

There is strong collaboration between the hospital and nursing home due, in part to a corporate relationship and proximity. The rehabilitation counselor at Chemical Dependency Services has worked hard to integrate the collaborative relationship and activities into the program's rehabilitation activities. Both programs report positive outcomes from this joint relationship. The nursing home residents are reported to be invigorated by client visits. The interaction gives them an opportunity to socialize with individuals outside of the nursing home, as well as to engage in new activities outside of their daily routine. The program and patients benefit in many ways because of this relationship:

- Interaction between retired teachers and residents helps to address a low literacy rate of participants of the Chemical Dependency Services. Those being tutored experience greater self-esteem as they gain confidence in their ability to read and write.
- There is an identified improvement in patients' behavior before, during and after their visits to the nursing home.
- Patients report positive feelings and empowerment as a result of their work with the nursing home residents. Many residents report that it "feels good to be there" and that they never knew that they could "do something like that". These feelings are evident for many days afterward as patients' often talk about their experience.

It is possible that this program could be replicated in a number of settings provided that they are in close proximity to a nursing home or retirement facility, and that adequate staff support is in place to coordinate the effort.

### **Integrating Childcare Services in an Outpatient Treatment Program**

#### **Cattaraugus County Council on Alcoholism and Substance Abuse, Inc.**

Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient

201 South Union Street

PO Box 567

Olean, New York 14760

Phone: (716) 373-4303 Fax: (716) 373-4327

Contact: Sonya McCall, Clinic Director

The Cattaraugus County Council on Alcoholism and Substance Abuse is a multi-service agency providing both prevention and treatment services in a rural western New York county. The Council provides outpatient services, operates a halfway house and residential programs that include shelter plus care, supportive housing and supportive living programs. One supportive living residence, Wendy's House, serves women and children.

The Council is located in a rural county with limited childcare programs available. The lack of daycare/childcare services in the area and inability of many clients to pay for those services was a significant barrier to treatment. In October 1999, the Council began providing no-cost childcare services for clients while they attended individual and group counseling appointments. Clients engaged in the enhanced outpatient program also made use of childcare services when they had an employment interview.

Childcare services provided by a full-time childcare worker (35 hours per week), are subsidized through OASAS Enhanced Outpatient Services funding. The worker has a great deal of

experience in providing direct childcare services and is familiar with developmental needs of children, child abuse reporting mandates, CPR and basic first aid. A flexible schedule for the childcare worker allows for the maximum utilization of this service and better meets needs of the clientele.

The childcare worker utilizes the Prevention Childcare Room, located in the same building as the outpatient program. The room is stocked with toys, games and a TV/VCR. A youth game room, with pool table and foosball, and craft room is also available.

As a result of integrating onsite childcare services, clients with school age children are motivated to treatment on a more consistent basis. The program has seen a significant improvement in attendance for women and single fathers. Women in domestic violence situations, where the significant other refuses to watch the child(ren) or provide for childcare services, have also increased their attendance in treatment.

This activity is replicable in other treatment modalities whose clients are in need of childcare services. Programs would incur additional costs in developing this service and may have to seek out supplemental funding to pay for the staff and program supplies.

### **Sexual Abuse Trauma Groups in Residential Treatment**

#### **The Educational Alliance**

Pride Site II - Residential Program

197 East Broadway

New York, NY 10019

Phone: (212) 780-2300 Fax: (212) 979-1225

Roy Kearse, CSW, CASAC

Assistant Executive Director of Behavioral Health Services

The Educational Alliance is a settlement house, community center and social service agency with expanded programs and services that meet the identified needs of a diverse urban population. In 1968 the Educational Alliance began reaching out to drug or alcohol-addicted, mentally ill and homeless individuals through a comprehensive drug prevention, intervention and treatment program called Project Contact. Functioning as the Alliance's Behavioral Health Services division, Project Contact provides an array of substance abuse, mental health and homeless-assistance services housed in residential and non-residential centers throughout lower Manhattan.

In 1996, seeing a high incidence of female clients dealing with a history of being sexually abused, the Educational Alliance developed a trauma group addressing this issue. The group was designed to provide clients with a supportive, safe place to address their sexual abuse history.

The group is held once per week, lasting between two to four hours depending on group need. The group works best with approximately eight clients but has been held with as little as six and as many as twelve in the group. The group is run by a Certified Social Worker, with fifteen years of experience in the field of substance abuse and trauma and by a substance abuse counselor, who is a supervisor with five years experience in the field of substance abuse.

The group has two main purposes. The first is to create a strong sense of trust and bonding among members of the group. This not only helps clients to work through their issues but also helps them through the treatment program and their continuing recovery. The second purpose is to help clients recover from the results of their trauma. In order to begin the recovery process participants must learn to acknowledge and address their sexual abuse issues. Through the group, participants are able to identify themselves as survivors of sexual abuse and begin to recognize that many of their past destructive behaviors were desperate attempts to cope with their sexual

abuse. Group members can then begin to replace their negative coping mechanisms with positive, healthy behavior.

The process of the group often releases many years of repressed memories and feelings. When this occurs clients often require additional support and attention. Group members provide peer support to each other both inside and outside the group. Group leaders maintain an open door policy allowing group members access without going through normal procedures. In addition staff is available for the members of the group to provide support when the group leaders are unavailable.

It has been found beneficial to have members of the group also participate in the Educational Alliance's adventure based experience program. This provides them an opportunity to challenge their fears and work together as a team.

There are minimal costs in organizing a trauma group of this kind, as costs are limited to the purchase of materials, i.e. videos and workbooks. Involved staff members must be experienced in dealing with trauma and receive training to continue to enhance their effectiveness.

At the time of this report, no formal evaluation had been completed looking at the outcome of the women participating in the trauma group. From observation, women who remain in the group for a period of at least three months have demonstrated a better chance of completing the program and remaining drug free. Statistical data will be gathered in the future to better evaluate the effect of the trauma group on client outcome. The Educational Alliance is currently planning a trauma group for males.

It would appear that this group could be successfully replicated in any therapeutic community, but may need some modification if used in other treatment settings.

### **Using Naltrexone to Reduce Alcohol Cravings and Improve Outcome**

#### **St. Mary's Hospital Alcoholism Services**

In-Patient Rehabilitation Program

427 Guy Park Avenue

Amsterdam, New York 12010-1060

Phone: (518) 842-1900 Fax: (518) 842-0036

Sherrie Gillette, MS, CASAC

Director of Alcoholism Services

St. Mary's Hospital provides a range of alcoholism services in a rural, upstate, county. The Hospital provides a 24-hour crisis hotline, inpatient medical detoxification, inpatient rehabilitation, and services in two outpatient (day hospital) programs and an outpatient clinic.

St. Mary's recently began the administration of naltrexone to patients in their inpatient rehabilitation program in order to help reduce cravings for alcohol and improve treatment outcome. This practice was started in 2000 as part of the Researcher in Residence Program (RiR), a joint activity of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Center for Substance Abuse Treatment (CSAT), OASAS and ASAP.

RiR targeted a small number of programs in New York State that would be willing to work with a researcher to implement research/science-based practices into their programs. Two researchers visited St. Mary's Hospital in February 2000 and provided informal presentations to hospital management, administrators, and prescribing physicians. Formal presentations were given to the counseling staff on research findings on the effects of naltrexone, administration techniques, contraindications, side effects, administration and interpretation of a craving scale, use of a

patient ‘urge to drink’ diary, and dissemination of CSAT’s Treatment Improvement Protocol *Naltrexone and Alcoholism*<sup>5</sup>.

Sherrie Gillette, Director of Alcoholism Services, expended a great deal of time and effort in implementing this program practice. She worked with the administration, staff, and the community developing interest, support, and energizing staff on incorporating naltrexone in their treatment services. Efforts were so successful in gaining support that St. Mary’s outpatient program also began administering naltrexone. Ms. Gillette also worked with the visiting researchers in developing the implementation plan and quality improvement indicators used to monitor the progress of the project.

St. Mary’s Hospital incurred no additional costs in implementing this program practice for several reasons:

- Most patients in St. Mary’s inpatient rehabilitation program are recipients of Medicaid, which covers naltrexone.
- Activities necessary for implementation of naltrexone (obtaining patient histories, physicals, and lab tests of liver function) were already being administered as part of the inpatient rehabilitation program.
- Patient orientation to the medication was incorporated into existing curriculum.
- Medication compliance and tolerance were monitored as part of existing medical procedures.

The use of naltrexone in support of ongoing treatment appears to be replicable in other modalities that have medical services. Costs could be minimal based on the range of current medical practices that are in place. Judging by the experience of St. Mary’s Hospital, it is apparent that across the board support of the administration, supervisors, clinical staff and patients are key to successful implementation of new pharmacotherapeutic approaches.

### **Using Motivational Interviewing Groups to Engage Clients**

#### **Schoharie County Chemical Dependencies Clinic**

Drug free Outpatient and Alcohol Clinic

150 East Main Street

Cobleskill, New York 12043

Phone: (518) 234-8192 Fax: (518) 234-8194

Patricia Lincourt, CSW, CASAC

Program Director

The Schoharie County Chemical Dependencies Clinic provides outpatient services to a primarily rural community. The program offers a series of four to six motivational interviewing group sessions to clients who enter treatment and are unable to identify achievable treatment goals. Motivational interviewing was adapted to a group format and is based on Motivational Interviewing principles. The group was started at the clinic in 1994.

The group design was largely based on the Motivational Enhancement Therapy (MET) manual from the MATCH study. The Motivational Interviewing (MI) approach has been shown to be effective in addiction treatment. Two randomized controlled trials have shown that clients who

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<sup>5</sup> O’Malley, S. ed. *Naltrexone and Alcoholism Treatment: Treatment Improvement Protocol (TIP) Series #28*. DHHS Publication No. (SMA) 98-3206. Rockville: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Administration, Substance Abuse and Mental Health Services Administration, 1998.

receive a brief motivational intervention showed substantially higher rates of abstinence and other improvements at a three-month follow-up (Bien, Miller and Buroughs, 1993; Brown and Miller, 1993). MET was shown to be equally effective as twelve step counseling and cognitive therapy in the MATCH study (1997).

The motivational group has consistently received support from administration and direct care staff. At the inception of the program, staff alternated facilitation so that each staff member would be familiar with the goals of the group. All staff attended in-service training on motivational interviewing techniques. Two staff persons were subsequently trained as trainers in Motivational Interviewing and offer supervision continuously.

Costs for the group are no greater than for any other type of group held. The group is run as a closed group (no new members accepted once the group has started); clients may have to wait several weeks for the beginning of new group. Because of the limited size and nature, not all clients can participate in the motivational group at the time their treatment begins.

To ensure success, it is important to have broad support for the group among staff members. Referring staff need to be aware of the topic of the group and also how to use motivational techniques, which downplay confrontation, and promote reflective listening techniques. Often, client's mandated into treatment by probation and parole are less likely to identify appropriate substance abuse treatment goals. It is important, in these cases, to talk with these referral sources about the motivational group approach and to garner their support and collaboration.

The clinic has completed an outcomes study, which has been accepted for publication by Addictive Behaviors. The study reviews outcomes of 167 clients who attended treatment between February 1995 to February 1997. All 167 clients met the criteria for inclusion in the retro prospective study. Of the 167 clients, 16 (who were mandated into treatment) could not identify an appropriate treatment goal on admission. Seventy-five (75) attended motivational groups, while 92 did not. Clients who attended the motivational interviewing group successfully completed treatment at twice the rate of non-group participants (57% MI group, 32% non-MI group). They also attended a higher percentage of scheduled sessions. The higher completion rate remained significant after controlling for variables including employment status, diagnosis, and age.

It appears that this model program practice can be replicated in other treatment settings regardless of the treatment modality. The program has found that use of this motivational interviewing group has helped many clients work through early "resistance" to treatment, improved attendance and outcome.

## **Peer Review of Prevention Programs**

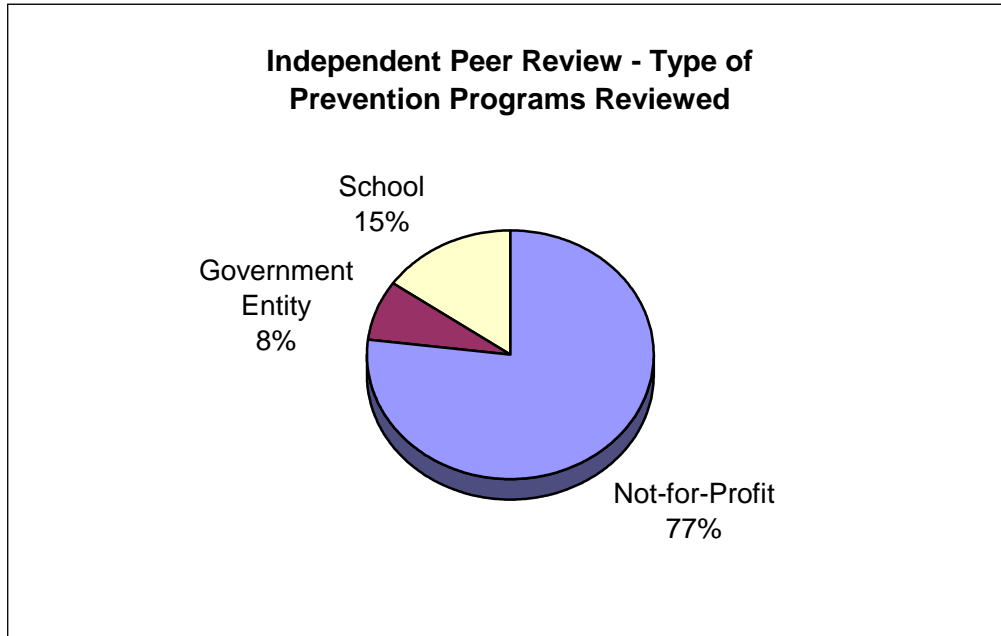
### **Prevention Programs General Observations**

The field's response to the inclusion of Prevention Programs in the Independent Peer Review in 2000 was positive. A total of 13 prevention programs participated in the review initiative; 9 were licensed by OASAS<sup>6</sup>. These programs consisted of 10 not-for-profit programs, one government entity, and two school-based prevention programs. Twenty-eight (28) professional peers volunteered to act as reviewers for prevention programs, complete the written documentation, and meet with 33 staff members from the programs reviewed<sup>7</sup>. Each review took approximately one day to complete.

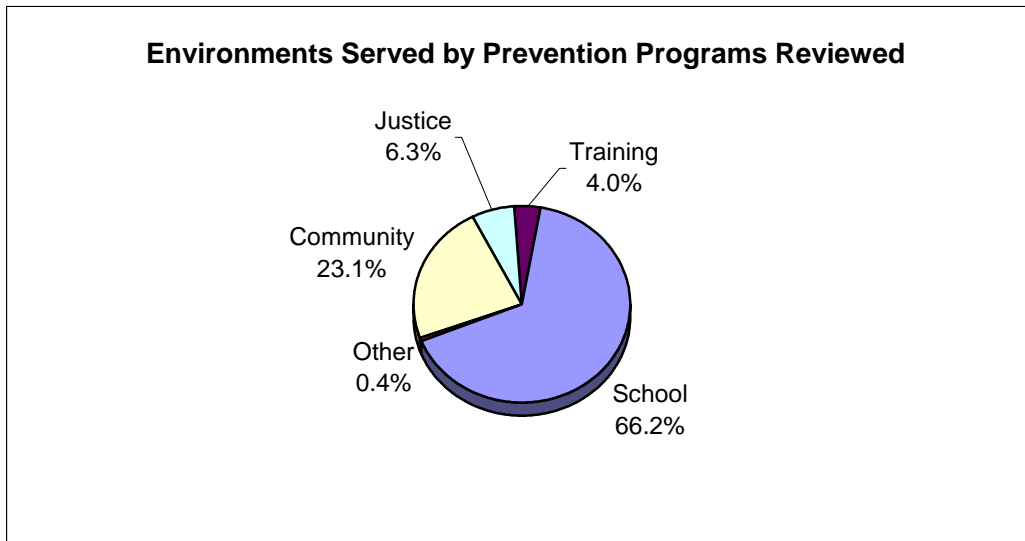
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<sup>6</sup> See Appendix C for list of programs

<sup>7</sup> See Appendix D for list of reviewers



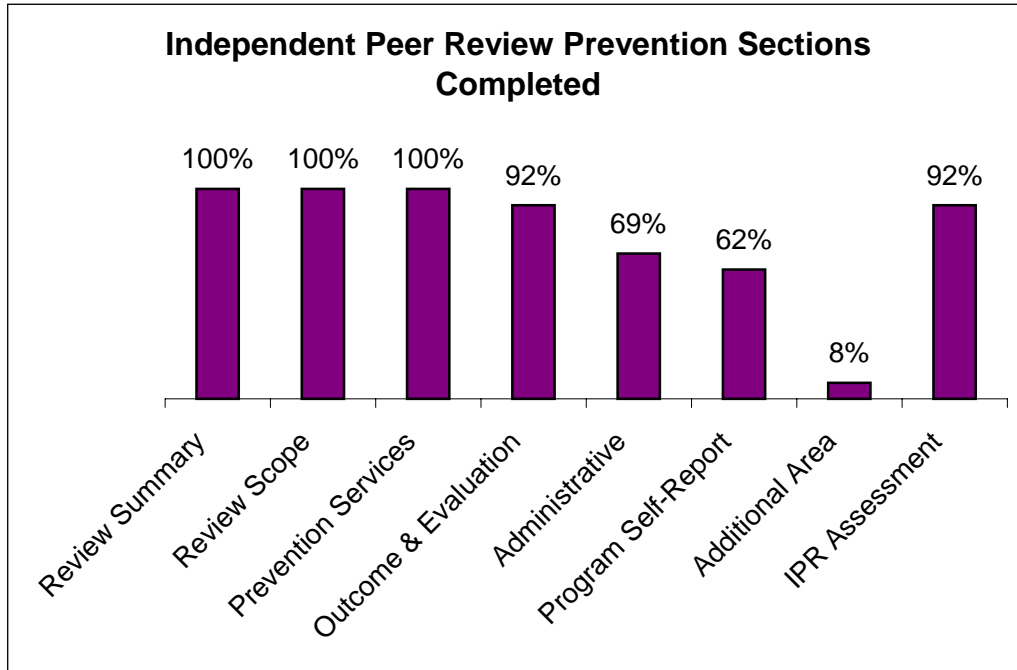
The prevention programs reviewed provided services in a number of different areas and two programs worked exclusively in the school settings. Most programs provided services in two to three different environments including schools (66.2%), the community (23.1%), the justice system (6.3%) and training (4.0%). Sixty-nine percent (69%) of the programs reviewed served both youth and adult populations. The remaining 31% provided services to youth only.



**Review Summary and Scope of Review**

As there were no SAPT requirements for Peer Review with prevention programs, there were no required sections to complete for the prevention review. Despite this, participating prevention program reviewers completed a majority of the sections. All reviewers completed the Review Summary, Review Scope, and Prevention Services sections. Almost all (92%) completed the Outcome and Evaluation sections, while more than two-thirds (69%) completed the Administrative section. More than half (62%) of the prevention programs reviewed completed

the Program Self-report section, which allowed them an opportunity to include additional information not included in the report. Only one review (8%) provided information in the Additional Area section. Most reviewers completed the assessment of the review process.

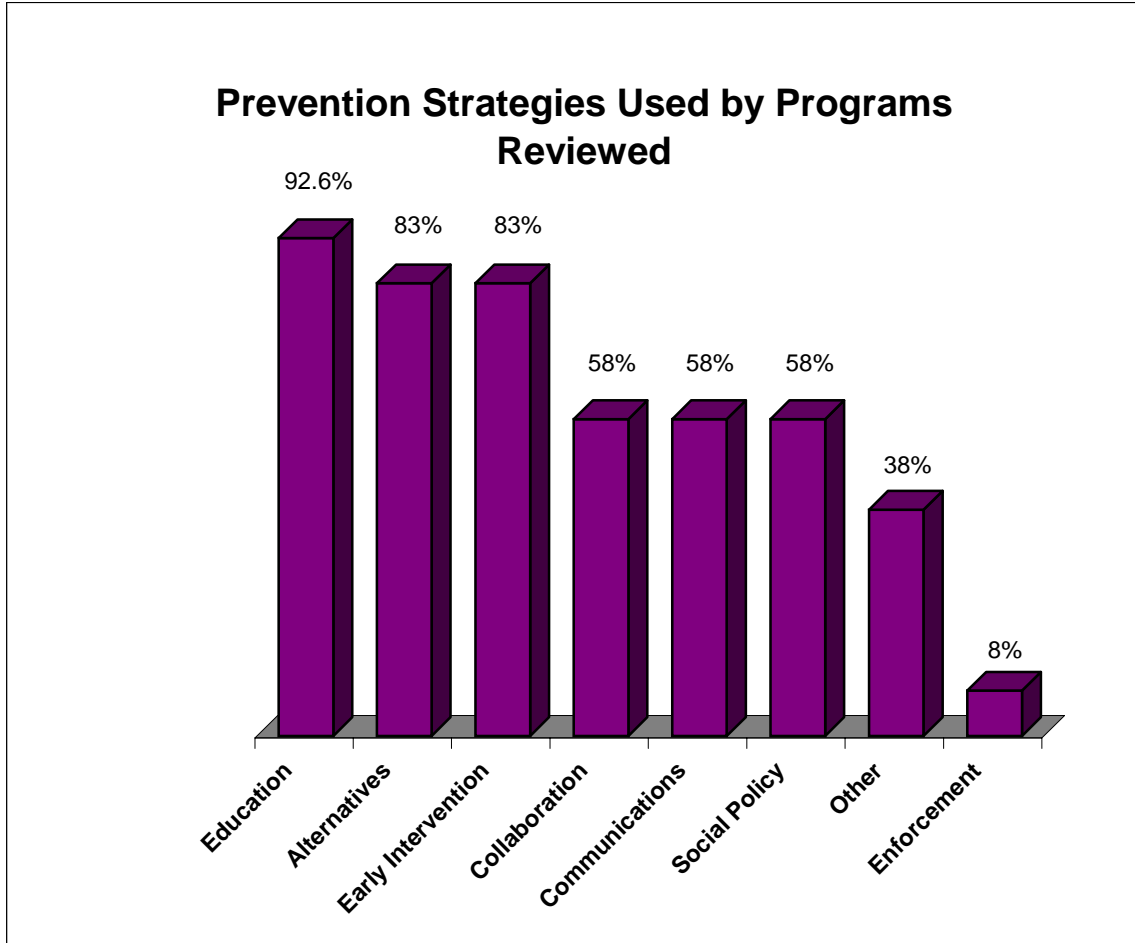


**Prevention Services**

Peer reviewers looked at a number of areas in reviewing the type of services that programs provided. These areas included the type of strategies programs used, the risk and protective factors that were targeted, and the type of activities that take place.

**Prevention Strategies**

Prevention programs reviewed used a variety of prevention strategies in serving their target populations. From the information collected in the reviews, prevention strategies used by the programs reviewed included; Education (92%); Alternatives (83%); Early Intervention (83%); Collaboration (58%); Communications (58%); Social Policy (58%); Other Strategies (38%), such as classroom activities and counseling; and Enforcement (8%).



### Risk Factors

Prevention programs identified specific risk factors that their activities address. These were broken down in broad categories of Community, Family, School, Individual/Peer, and Others. Programs reviewed reported addressing multiple risk factors in addressing the needs of the individuals they serve.

<b>Risk Factors Focused on by Programs Reviewed</b>	
<b><i>Community Risk Factors</i></b>	
Low Neighborhood Attachment and Community Disorganization	62%
Perceived Availability	46%
Community Disorganization	38%
Personal Transitions and Mobility	38%
Community Transitions and Mobility	31%
Other	8%
<b><i>Family Risk Factors</i></b>	
Parental Attitudes Favorable to ATOD use	85%
Poor Family Discipline	69%
Family Conflict	69%
Poor Family Supervision	62%
Family History of the Antisocial Behavior	62%
Parental Attitudes Favorable to Antisocial Behavior	62%
Other	15%
<b><i>School Risk Factors</i></b>	
Academic Failure	85%
Low School Commitment	77%
Other	15%
<b><i>Individual/Peer Risk Factors</i></b>	
Favorable Attitudes Towards ATOD Use	92%
Favorable Attitudes Towards Antisocial Behavior	85%
Friends' Use of Drugs	85%
Perceived Risks of Drug Use	85%
Early Initiation	77%
Rebelliousness	62%
Friends' Delinquent Behavior	62%
Peer Rewards for Antisocial Behavior	62%
Impulsiveness	62%
Sensation Seeking	54%
Other	23%

### **Protective Factors**

Prevention programs also look to strengthening the factors that help keep people away from alcohol and drug use, tobacco and violence. As with the Risk Factors identified above they are divided in the categories of Community, Family, School, Individual/Peer, and Others.

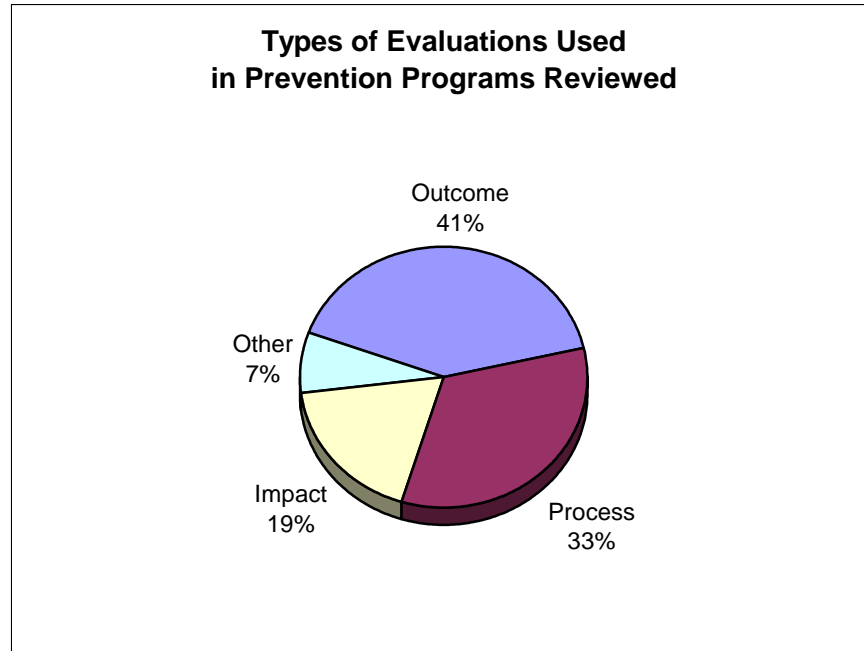
<b>Protective Factors Focused on by Programs Reviewed</b>	
<i>Community Protective Factors</i>	
Community Opportunities for Prosocial Involvement	85%
Community Rewards for Prosocial Involvement	38%
<i>Family Protective Factors</i>	
Family Opportunities for Positive Involvement	69%
Family Attachment	62%
Family Rewards for Prosocial Involvement	62%
Other	8%
<i>School Protective Factors</i>	
School Opportunities for Prosocial Involvement	92%
School Rewards for Prosocial Involvement	54%
<i>Individual/Peer Protective Factors</i>	
Social Skills	92%
Belief in the Moral Order	46%
Religiosity	15%
Other	8%

### **Activities**

Programs reviewed engaged in a large number of activities that relate to the risk and protective factors they are trying to address. These activities are designed to build emotional, behavioral, and cognitive skills and to improve community and school relationships and resources. The types of activities include individual counseling, support groups, mental health issues, life skills building, parent groups and adult prevention groups, community task forces, pregnancy prevention, drunk driving programs, newsletters and community education.

### **Outcome and Evaluation**

Reviewers indicated that programs were very concerned with the effectiveness of their prevention programs. In order to ensure effective and high quality activities, programs based their activities on science-based practices. They identify and validate the science-based practices through a variety of resources including through OASAS and the Center for Substance Abuse Prevention (CSAP). The programs saw evaluation as an important component of effective prevention activities. Reviewers identified three main types of evaluation: Outcome, Process, and Impact evaluation. Programs use their evaluations to improve program services. Reviewers reported that these evaluations were conducted internally (62%) and externally (23%) by individual contractors, colleges or universities.



### **Administrative Review**

As with the treatment Peer Review, reviewers and programs were encouraged to discuss administrative issues in order to share areas of mutual concern and exchange ideas for resolution and improvement. Reviewers were given a list of possible topics to discuss with the program under review. The majority of reviewers discussed the suggested topic areas with the programs. Reviewers reported the following as a result of their discussions:

#### Administration/Governance

Of the Peer Reviews examining this area, 100% reported that program administration was efficient and effective. All but one report indicated that the administration supported the goals of the program and indicated that governing boards and internal committees play effective roles in program oversight.

Reviewers identified several challenges that program administrations face. The number one challenge reported (by 55% of reviewers completing this section) was recruiting and retaining of qualified staff. Included in this was the identification of limited budgets and the inability to provide for salary enhancements.

#### Collaboration

Reviews reported that prevention programs collaborate with a large number of outside agencies as part of their activities. These agencies included other prevention programs, treatment programs, probation, parole, sheriffs' offices and schools.

#### Mission

Reviewers reported that program staff are typically aware of and work toward the mission of the program.

### Self-Report

Programs reviewed were given the opportunity to share additional information that was not included in the Peer Review of their program. Most programs provided some information in the areas of program modifications, staff training, staff retention and the mechanisms for information flow in their programs. The following summarizes their comments:

#### Program Modifications

Twenty-five percent of programs indicated that they have increased or expanded services. These additions include research/science-based activities as well as increased communication in schools that some programs operate in.

#### Staff Training

Many programs reported a variety of mechanisms to provide for staff training. These included:

- Formal study groups before taking a credentialing exam.
- Participation in outside training and conferences.
- Training within the agency, including in-services, staff development days and access to other staff with specific expertise.
- Training by supervisors.

#### Staff Retention Issues

A number of programs identified staff retention as a serious concern due primarily to limited budgets. They cited the importance of hiring and retaining qualified staff and attempts to utilize a variety of mechanisms in order to increase staff retention. While providing salary enhancements and merit increases would go a long way toward addressing retention issues, programs have also worked to provide flexible schedules, good benefit packages, professional development activities and a good working environment.

#### Information Flow

Programs recognize the importance of sharing the latest research and science-based prevention practices. Typically, information is shared as part of in-service trainings, by attending conferences, holding regularly scheduled team/staff meetings, subscribing to journals and providing access to the Internet/World Wide Web.

### **Assessment of the Peer Review Process**

The reviewers participating in the Peer Review were given an opportunity to provide an assessment of the process. All of the reviewers of treatment programs and the majority of reviewers for prevention programs completed the assessment section. Of those who completed the assessment, approximately 91% indicated that they would participate in the process again. Only 4.5% reported that they would not participate again with another 4.5% uncertain if they would participate again.

From the information received, reviewers indicated that the ability to visit other program's facilities and having an opportunity to discuss mutual areas of interest with program staff were the most beneficial part of the Peer Review. Reviewers and programs shared ideas, concerns, instruments and resources. This review process allowed program staff to share information in a non-threatening way and on a level that they are seldom able to engage in.

## Next Steps

OASAS and ASAP will continue to develop and revise the process and procedures for the Independent Peer Review. Previous changes in the instrument and the type of programs involved are evidence New York State's commitment to grow and adapt the process to meet the needs of the field. Further changes are planned in the Peer Review protocol based on the input and feedback from the reviewers. These will include a more detailed look at research to practice issues, identification of model practices, and an update of the prevention Peer Review protocol, which was piloted first time this year.

This year's inclusion of model practices will be expanded with the establishment of a review committee and include model prevention and treatment practices. Committee members will be identified from OASAS and ASAP, as well as individuals who have participated in Independent Peer Review. As part of the review process, reviewers will identify specific program practices to be referred to the review committee. Committee members will then gather further information and select the practices, using agreed upon criteria, be included in the final report.

OASAS and ASAP look forward to continuing their collaborative work on Independent Peer Review, and wish to thank the many service providers who have participated and contributed to making New York's efforts in this important area a success.

## Appendix A: Peer Review Treatment Guidelines and Instrument

1. In order to be better prepared for the review it is suggested that the Reviewer, or Team Leader, do the following:
  - Contact the program to be reviewed to:
    - Discuss the review agenda and arrange a mutually convenient review date. Once the date is set the reviewer should provide ASAP with the date, time and reviewer(s) name(s).
    - Ask if there are any specific areas that they would like to focus on during the review.
    - Coordinate with the reviewee to have available documentation that will be needed for the review process. Some of this material may be provided to the reviewer prior to the review date. This material may include:
      - Agency and/or Program Brochure
      - Sample case record format to facilitate chart review
      - Schedule of program activities
      - Program mission statement
      - Program objectives and philosophy
      - Criteria for client admission, movement through treatment phases and completion

*It is suggested the Reviewer send a confirmation letter to the program noting the date and format of the review (see attached example).*

2. It is recommended the review begin with introductions during which:
  - The reviewers explain the purpose of the review and how it will be conducted and ask, again, if there are any specific areas that they would like to focus on during the review.
  - The reviewee provides the reviewer(s) with a general overview of the program's operations, including types of services, staffing and census.
  - If possible, the initial meeting should include any staff member (e.g. program manager, admissions officer, clinicians, etc.) who will participate in the review process.
3. A tour of the facility following the introductory meeting is recommended.
4. If a review team is reviewing the program, it is recommended the team disperse after the tour to conduct their review tasks following the attached Guidelines/Criteria.
5. Completion of the clinical section is required to meet Federal Block Grand Funding requirements.
6. The Guidelines and Report Form provide methodologies on how to gather information, sample focus issue questions, and guidance in completing the final report. The reviewer is encouraged to be as detailed as possible in order to highlight the innovative and best practice activities of the program being reviewed.
7. Within one week after the on-site visit, the reviewer will provide a draft of the report to the program.
8. The program may respond, verbally or in writing, to the reviewer to determine the information included in the final report.
9. Within 30 calendar days of the program review, the reviewer is to complete a final report and send it (in hard copy and on disk) to:

Michael Ballester  
 Alcoholism and Substance Abuse Providers  
 of New York State (ASAP)  
 99 Pine Street, Suite 109  
 Albany, New York 12207  
[mballester@asapnys.org](mailto:mballester@asapnys.org)

*The following guidelines provide direction and guidance in conducting the Peer Review and completing the Final Report.*

**REVIEW INFORMATION** - Information on program reviewed and reviewer's program.

### **I. REVIEW SUMMARY**

This section summarizes the review using the questions below.

- A. What was your overall impression of this program?
- B. Is the program using any approach(es) that appear(s) to enhance the clinical and/or administrative functioning of the program and which other programs might replicate?
- C.
- D. What appears to be this program's most innovative features?
- E. Are there any areas that you would recommend that this program address? Do you have any suggestions as to what they might do to improve their program?
- F. Have you learned anything in this process of doing this review that will be beneficial to your own program operations?
- G. Do you have any additional comments/suggestions?

### **II. REVIEW SCOPE**

*Check the boxes indicating which sections were completed. As noted the Clinical Section is required to meet Federal Regulations.*

Name and Address of Program Being Reviewed		Name and Address of Program Conducting the Review	
Modality/Environment of Program Reviewed	Date of Review	Modality/Environment of Program	

**I. Review Summary – Summarize the review covering the areas addressed.**

**II. REVIEW SCOPE**

Areas Covered (*Check All That Apply*)

Clinical (Required)   
  Administrative   
  Client Satisfaction   
  Program Self-Report   
  Additional Focus Areas   
  Critique

IPR 2000 - Treatment Programs

### III. CLINICAL REVIEW

**PARTICIPANTS** - Please include information on all participants of the review process.

*Methodology section contains suggestions on how to gather information for each objective. The Focus Issues section contains sample questions that may be used. The reviewer is encouraged to be as detailed as possible in order to highlight the innovative and best practice activities of the program being reviewed.*

**OBJECTIVE 1: To determine if the intake process respects the dignity of the client.**

1. Review Methodology
  - a.  Interview intake personnel
  - b.  Observe the general admission area
  - c.  Review documentation of the process
  - d.  Interview clients
2. Focus Issues
  - a. How is the client made to feel comfortable?
    - What contributes most to clients feeling comfortable?
    - Environment    Clinical Staff    Office/Reception Staff    Confidentiality    Other
  - b. How does the staff present themselves to clients. Are they warm, informative, and non-threatening?
  - c. Was the admission timely?
    - What is the approximate length of time between contact and admission appointments?
    - 24 hours    1-5 days    1 week    2 weeks    3 weeks    More than 3 weeks
  - d. How is the client informed of his/her rights?
  - e. Are there any opportunities for improvement in the program's assessment process?

**OBJECTIVE 2: To determine if the assessment process identifies the need for care, the appropriate level and setting for care, and forms the basis for a treatment plan.**

1. Review Methodology
  - a.  Review charts
    - Reviewer needs to indicate the number of charts reviewed in this section, keeping in mind the minimum reviewed is 1 open and 1 closed.
  - b.  Interview clinicians
2. Focus Issues
  - a. Does the assessment indicate that the admission was appropriate to the admission criteria?
    - Yes    No
  - b. Does the assessment support the diagnostic impression?
    - Yes    No
  - c. Does the assessment identify and address areas of dysfunctionality?
    - Yes    No
  - d. Is the level of care appropriate?
    - Yes    No
  - e. Does the program have the capacity to do effective screenings for co-occurring disorders (Mental Health)?
    - Yes    No
  - f. *(Methadone Programs)* When applicable, based on the assessment, are there any appropriate plans to meet the needs of clients with alcohol or other drug problems in addition to the opiate dependence.
    - Yes    No    Not Applicable
  - g. Are there any opportunities for improvement in the program's assessment process?

**III. CLINICAL REVIEW**

A. PARTICIPANTS

Name(s) and Title(s) of Reviewers	Name(s) and Title(s) of Participating Reviewee Staff

B. FINDINGS AND OBSERVATIONS

**OBJECTIVE 1: Admission Criteria/ Intake Process – To determine if the intake process respects the dignity of the client.**

COMMENTS:  Interview intake personnel  Observe the general admission area  Review documentation of the process  Interview clients

**OBJECTIVE 2: Assessment Process – To determine if the assessment process identifies the need for care, the appropriate level and setting for care, and forms the basis for a treatment plan.**

COMMENTS:

Enter number of charts reviewed: Open Files \_\_\_\_\_ Closed Files \_\_\_\_\_  
(Minimum 1 open & 1 closed)

Interview intake personnel  Observe the general admission area  Review documentation of the process  Interview clients

**OBJECTIVE 3: To determine if the treatment plan provides a flexible guide for helping the client get better.**

1. Review Methodology
  - a.  Review charts
  - b.  Interviews clinicians
2. Focus Issues
  - a. Does the treatment plan address problems noted in the psychosocial assessment and continuing care progress notes?  
 Yes    No
  - b. Do treatment plan revisions accurately reflect client progress in addressing identified problems?  
 Yes    No
  - c. Are the treatment goals achievable based on the client's abilities and program's resources?  
 Yes    No
  - d. How does the client participate in the planning process?  
 Yes    No
  - e. What aspects of the treatment plan are noteworthy?
  - f. Are there any opportunities for improvement in the program's treatment plan?

**OBJECTIVE 4: To determine if the documentation demonstrates the delivery of appropriate treatment services to meet the client's needs in a timely manner.**

1. Review Methodology
  - a.  Review charts
  - b.  Interview clinicians
2. Focus Issues
  - a. How do progress notes tie in to the treatment plan?
  - b. Does the chart document the level of client functioning in response to treatment and justify the level of services?  
 Yes    No
  - c. Is treatment rendered and documented on a timely basis?  
 Yes    No
  - d. (*Methadone Programs*) Do clients with positive toxicology reports have their doses reviewed and, if necessary, adjusted?  
 Yes    No
  - e. Are there any opportunities for improvement in the program's discharge plan?

### III. CLINICAL REVIEW (CONTINUED)

#### B. FINDINGS AND OBSERVATIONS (CONTINUED)

**OBJECTIVE 3: Treatment Planning – To determine if the treatment plan provides a flexible guide for helping the client get better.**

COMMENTS:       Review charts     Interviews clinicians

**OBJECTIVE 4: Documentation of Implementation of Treatment Services – To determine if the documentation demonstrates the delivery of appropriate treatment services to meet the client’s needs in a timely manner.**

COMMENTS:       Review charts     Interviews clinicians

**OBJECTIVE 5: To determine if the discharge plan supports the client's recovery.**

1. Review Methodology
  - a.  Review charts
  - b.  Interview clinicians
2. Focus Issues
  - a. Is the discharge plan consistent with the documented history?  
 Yes     No
  - b. Is the plan consistent with the client's level of functioning and resources?  
 Yes     No
  - c. Did the client participate in the development of the plan?  
 Yes     No
  - d. Is the continued care of the client addressed in the plan and does it meet the client's needs?  
 Yes     No
  - g. What aspects of the discharge plan are noteworthy?
  - e. Are there any opportunities for improvement in the program's discharge plan?

**OBJECTIVE 6: To determine the program's policies, procedures and practices regarding treatment outcome.**

1. Review Methodology
  - a.  Interview administrators, discharge coordinator, or evaluation/research staff, as appropriate.
  - b.  Review documentation of process.
  - c.  Reviews sample discharge summaries/aftercare plans.
2. Focus Issues
  - a. What, if any, documentation is collected by the program regarding treatment outcomes at discharge/post discharge?
  - b. How is the information utilized for program improvement?
  - c. Are there any opportunities for improvement in the program's policies, procedures and practices regarding treatment outcome

### III. CLINICAL REVIEW (CONTINUED)

#### B. FINDINGS AND OBSERVATIONS (CONTINUED)

**OBJECTIVE 5: Discharge and Continuing Care Planning – To determine if the discharge plan supports the client’s recovery.**

COMMENTS:       Review charts     Interviews clinicians

**OBJECTIVE 6: Indicators of Treatment Outcomes – To determine the program’s policies, procedures and practices regarding treatment outcome.**

COMMENTS:     Interview administrators, discharge coordinator, or evaluation/research staff, as appropriate     Review documentation of process  
 Reviews sample discharge summaries/aftercare plans

**PARTICIPANTS**

Please include information on all participants of the review process.

**IV. CLIENT SATISFACTION REVIEW**

1. Review Methodology
  - a.  Interview clients
  - b.  Review client satisfaction surveys or other means used to measure client satisfaction, if available.
2. Suggested Focus Issues
  - a. How does the program assess client satisfaction?
  - b. Does the client feel that the program serves his/her needs?  
 Yes    No
  - c. Did the client feel welcome?  
 Yes    No
  - d. Was the client satisfied with the services received?  
 Yes    No
  - e. Was the client treated in a sensitive and professional manner?  
 Yes    No
  - f. Is the client informed of the procedures to be used for filing complaints, both internal and external (OASAS)?  
 Yes    No
  - g. Are there any opportunities for improvement in the program's addressing client satisfaction?

**IV. CLIENT SATISFACTION REVIEW**

**A. PARTICIPANTS**

Name(s) and Title(s) of Reviewers	Name(s) and Title(s) of Participating Reviewee Staff

COMMENTS:     Interview clients     Review client satisfaction surveys or other means used to measure client satisfaction

**PARTICIPANTS** - Please include information on all participants of the review process.

## V. ADMINISTRATIVE REVIEW

*During the Peer Review process, it was found that a general discussion pertaining to program administration was mutually beneficial. Programs were able to discuss problems that they shared, exchange ideas for resolution and improvement, and exchange areas of innovation. Accordingly, the following are suggested areas for discussion and suggested questions. Please note significant findings/observations in the "Comments" section below.*

### 1. SUGGESTED AREAS OF DISCUSSION

- a.  Quality Assurance
- b.  Utilization Review
- c.  Program Activity Scheduling
- d.  Staffing Patterns/Employment Environment
- e.  Internal Controls
- f.  Customer Satisfaction (Client/Funding Source)
- g.  Program Planning and Development
- h.  Outcome Measurement
- i.  Application of Information Technology
- j.  Network Formation/Outreach/Marketing/Managed Care
- k.  Data Flow Between Clinical and Billing and Between Clinical and Administration

### 2. FOCUS ISSUES

- a. Is the administrative area/system efficient and effective?  
 Yes  No
- b. Does the selected system support clinical goals?  
 Yes  No
- c. Does the program prepare an annual Management Plan and how has the plan affected program operations?  
 Yes  No
- d. Do Governing Board and/or internal committees play an effective role in program oversight?  
 Yes  No
- e. What noteworthy strengths does the program demonstrate in the selected areas? What challenges/weaknesses does the program face in the selected areas?
- f. What administrative/program management challenges/problems does the program have?
- g. Is the program prepared to operate within a managed care environment?
- h. What changes in administrative practices are warranted, dollar amount notwithstanding?
- i. Is the program currently involved in any research project?
- j. How does the program utilize research?
- k. Has the program ever participated in a research project?  
 Yes  No
- l. What mechanisms for information flow, in the area of treatment and research information, exist in the program?
- m. Are there any opportunities for improvement in the program's administration area?

**V. ADMINISTRATIVE REVIEW**

A. PARTICIPANTS

Name(s) and Title(s) of Reviewers	Name(s) and Title(s) of Participating Reviewee Staff

COMMENTS:

**PARTICIPANTS** - Please include information on all participants of the review process.

**VI. ADDITIONAL FOCUS AREAS**

Use this section to report on any additional areas reviewed.

**VI. ADDITIONAL FOCUS AREAS**

A. PARTICIPANTS

Name(s) and Title(s) of Reviewers	Name(s) and Title(s) of Participating Reviewee Staff

NOTE: This section is to report on any additional focus areas reviewed.

COMMENTS:

**VII. REVIEWER'S ASSESSMENT OF THE INDEPENDENT PEER REVIEW PROCESS**

Please comment on recommendations for improving the overall Peer Review process and the Peer Review Protocol, Guidelines and Report Format.

1. What part(s) of the Peer Review did you find most helpful/useful?
2. What part(s) of the Peer Review did you find least helpful/useful?
3. What additional areas would you include as part of the review?
4. What changes to the review instrument would you recommend?
5. Would you participate in the Independent Peer Review Process Again?  
 Yes     No

**VII. REVIEWER'S ASSESSMENT OF THE INDEPENDENT PEER REVIEW PROCESS**

A large, empty rectangular box with a thin black border, occupying the majority of the page. It is intended for the reviewer to provide their assessment of the independent peer review process.

**PROGRAM SELF-REPORT ON BEST PRACTICES**

*This section is to be filled out by the program reviewed and submitted along with the final report to ASAP. Reviewers may wish to send this form to the Program prior to the review. The completed form maybe used in the review process. The individual completing this form is encouraged to be as detailed as possible in order to highlight the innovative and best practice activities of the program.*

Programs may choose to respond to the following suggested questions in identifying unique and or effective aspects of their program which have resulted in improving client outcome.

**1. FOCUS ISSUES**

- a. What program modifications have been made in the past year?
- b. What mechanisms exist in your program that provides for staff training?
- c. How does your agency address/improve staff retention?
- d. What recent/long term challenges has your program overcome?
- e. What mechanisms for information flow, in the area of treatment and research information, exist in your program?
- f. How does your program utilize research?
- g. Has your program ever participated in a research project?

Yes     No

### **PROGRAM SELF-REPORT ON BEST PRACTICES**

NOTE: This section is to be filled out by the program reviewed and submitted along with the final report to ASAP. Programs may choose to respond to the following suggested questions in identifying unique and or effective aspects of their program which have resulted in improving client outcome.

COMMENTS:

## Appendix B: Peer Review Prevention Guidelines and Instrument

### INDEPENDENT PEER REVIEW PREVENTION PROTOCOL

1. In order to be better prepared for the review it is suggested that the Reviewer, or Team Leader, do the following:
  - Contact the program to be reviewed to:
    - Discuss the review agenda and arrange a mutually convenient review date. Once the date is set the reviewer should provide ASAP with the date, time and reviewer(s) name(s).
    - Ask if there are any specific areas that they would like to focus on during the review.
    - Coordinate with the reviewee to have available documentation that will be needed for the review process. Some of this material may be provided to the reviewer prior to the review date.

*It is suggested the Reviewer send a confirmation letter to the program noting the date and format of the review (see attached example).*
2. It is recommended the review begin with introductions during which:
  - The reviewers explain the purpose of the review and how it will be conducted and ask, again, if there are any specific areas that they would like to focus on during the review.
  - The reviewee provides the reviewer(s) with a general overview of the program's operations, including types of services, staffing and activities.
  - If possible, the initial meeting should include any staff member who will participate in the review process.
3. A tour of the program/facility following the introductory meeting is recommended.
4. If a review team is reviewing the program, it is recommended the team disperse after the tour to conduct their review tasks following the attached Guidelines/Criteria.
5. The Guidelines and Report Form provide sample focus issue questions, and guidance in completing the final report. The reviewer is encouraged to be as detailed as possible in order to highlight the innovative and best practice activities of the program being reviewed.
6. Within one week after the on-site visit, the reviewer will provide a draft of the report to the program.
7. The program may respond, verbally or in writing, to the reviewer to determine the information included in the final report.
8. Within 30 calendar days of the program review, the reviewer is to complete a final report and send it to:

Michael Ballester  
 Alcoholism and Substance Abuse Providers  
 of New York State (ASAP)  
 99 Pine Street, Suite 109  
 Albany, New York 12207  
[mballester@asapnys.org](mailto:mballester@asapnys.org)

*The following guidelines provide direction and guidance in conducting the Peer Review and completing the Final Report.*

**I. REVIEW INFORMATION - Information on program reviewed and reviewer's program.**

A. Date of Review

B. Program Reviewed

1. Name and Address

2. Type of Agency

Not-for-Profit

School

Coalition

Other \_\_\_\_\_

Government Entity \_\_\_\_\_

3. In what type on environment is this program providing services?

(If more than one please indicate percentage of program working in the area indicated)

Training \_\_\_\_\_ %

Justice \_\_\_\_\_ %

School \_\_\_\_\_ %

Other \_\_\_\_\_ % \_\_\_\_\_

Community \_\_\_\_\_ % \_\_\_\_\_

4. Is the program OASAS licensed?  Yes  No

5. Who does the program serve?  Adults  Youth  Both

6. In what area of prevention programming does the program operate?

(If more than one please indicate percentage of program operations in the area indicated)

Universal \_\_\_\_\_ %

Selected \_\_\_\_\_ %

Indicated \_\_\_\_\_ %

7. Names, positions, titles of staff involved in Peer Review

C. Reviewer's Program

1. Name and Address

2. Type of Agency

Not-for-Profit

School

Coalition

Other \_\_\_\_\_

Government Entity \_\_\_\_\_

3. In what type on environment is this program providing services?

(If more than one please indicate percentage of program working in the area indicated)

Training \_\_\_\_\_ %

Justice \_\_\_\_\_ %

School \_\_\_\_\_ %

Other \_\_\_\_\_ % \_\_\_\_\_

Community \_\_\_\_\_ % \_\_\_\_\_

4. Is the program OASAS licensed?  Yes  No

5. Who does the program serve?  Adults  Youth  Both

6. In what area of prevention programming does the program operate?

(If more than one please indicate percentage of program operations in the area indicated)

Universal \_\_\_\_\_ %

Selected \_\_\_\_\_ %

Indicated \_\_\_\_\_ %

7. Names, positions, titles of staff involved in Peer Review

**REVIEW INFORMATION – PROGRAM REVIEWED**

Name and Address of Program Reviewed		Date of Review
In what type on environment is this program providing services? (Indicate percentage of program working in the area indicated) <input type="checkbox"/> Training _____ % <input type="checkbox"/> Justice _____ % <input type="checkbox"/> School _____ % <input type="checkbox"/> Other _____ % <input type="checkbox"/> Community _____ %		OASAS Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Type <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> School <input type="checkbox"/> Coalition <input type="checkbox"/> Government Entity <input type="checkbox"/> Other (indicate) _____	Program Serves <input type="checkbox"/> Adults <input type="checkbox"/> Youth <input type="checkbox"/> Both	
In what areas of Prevention does the program operate? <input type="checkbox"/> Universal _____ % <input type="checkbox"/> Selected _____ % <input type="checkbox"/> Indicated _____ %		
Names, positions, titles of staff involved in the review		

**REVIEWER'S PROGRAM INFORMATION**

Name and Address of Program Conduction Review		Date of Review
In what type on environment is this program providing services? (Indicate percentage of program working in the area indicated) <input type="checkbox"/> Training _____ % <input type="checkbox"/> Justice _____ % <input type="checkbox"/> School _____ % <input type="checkbox"/> Other _____ % <input type="checkbox"/> Community _____ %		OASAS Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Type <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> School <input type="checkbox"/> Coalition <input type="checkbox"/> Government Entity <input type="checkbox"/> Other (indicate) _____	Program Serves <input type="checkbox"/> Adults <input type="checkbox"/> Youth <input type="checkbox"/> Both	
In what areas of Prevention does the program operate? <input type="checkbox"/> Universal _____ % <input type="checkbox"/> Selected _____ % <input type="checkbox"/> Indicated _____ %		
Names, positions, titles of staff involved in the review		

**REVIEW SUMMARY** - This section summarizes the review using the questions below.

- A. What was your overall impression of this program?
- B. Is the program using any approach(es) that appear(s) to enhance prevention activities and/or administrative functioning and which other programs might replicate?
- C. What appears to be this program's most innovative features?
- D. Are there any areas that you would recommend that this program address? Have you identified any opportunities for improvement?
- E. Have you learned anything in this process of doing this review that will be beneficial to your own program operations?
- F. Do you have any additional comments/suggestions?

**II. REVIEW SCOPE** - Check the boxes indicating which sections were completed Areas Covered (Check All That Apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Prevention Services | <input type="checkbox"/> Outcome & Evaluation   | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Program Self-Report | <input type="checkbox"/> Additional Focus Areas | <input type="checkbox"/> Critique       |

Name an of Program Being Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

**I. Review Summary – Summarize the review covering the areas addressed.**

**II. REVIEW SCOPE**

Areas Covered (*Check All That Apply*)

Prevention Services   
  Outcome & Evaluation   
  Administrative   
  Program Self-Report   
  Additional Focus Areas   
  Critique

**III. PREVENTION SERVICES**

A. What **Prevention Strategies** does the program use? Briefly describe strategies used.

- Social Policy    Enforcement    Communications    Education  
 Collaboration    Alternatives    Early Intervention  
 Other (please list) \_\_\_\_\_

B. What **Risk Factors** is the program trying to address in choosing their strategies? Briefly describe risk Factors addressed.

**Community**

- Low Neighborhood Attachment and Community Disorganization  
 Community Disorganization    Personal Transitions and Mobility  
 Community Transitions and Mobility    Perceived Availability  
 Other(s) \_\_\_\_\_

**Family**

- Poor Family Supervision    Poor Family Discipline  
 Family Conflict    Family History of the Antisocial Behavior  
 Parental Attitudes Favorable to ATOD use    Parental Attitudes Favorable to Antisocial Behavior  
 Other(s) \_\_\_\_\_

**School**

- Academic Failure    Low School Commitment  
 Other(s) \_\_\_\_\_

**Individual/Peer**

- Rebelliousness    Friends' Delinquent Behavior  
 Friends' Use of Drugs    Favorable Attitudes Towards Antisocial Behavior  
 Peer Rewards for Antisocial Behavior    Favorable Attitudes Towards ATOD Use  
 Perceived Risks of Drug Use    Early Initiation  
 Impulsiveness    Sensation Seeking  
 Other(s) \_\_\_\_\_

**Other(s)** (please list) \_\_\_\_\_

C. What **Protective Factors** does the program address?

**Community**

- Community Opportunities for Prosocial Involvement  
 Community Rewards for Prosocial Involvement  
 Other(s) \_\_\_\_\_

**Family**

- Family Attachment    Family Opportunities for Positive Involvement  
 Family Rewards for Prosocial Involvement  
 Other(s) \_\_\_\_\_

**School**

- School Opportunities for Prosocial Involvement    School Rewards for Prosocial Involvement  
 Other(s) \_\_\_\_\_

**Individual/Peer**

- Religiosity    Social Skills  
 Belief in the Moral Order  
 Other(s) \_\_\_\_\_

**Other(s)** (please list) \_\_\_\_\_

Name an of Program Being Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

**III. Prevention Services**

**A. What Prevention Strategies does the program use?**

COMMENTS:

**B. What Risk Factors is the program trying to address in choosing their strategies?**

COMMENTS:

**C. What Protective Factors does the program address?**

COMMENTS:

### **Prevention Services** Continued

- D. What **Activities** does the program engage in? (Please Describe)
  - 1. What **Prevention Strategies** do they relate to and/or support?
- E. What are the current strengths of the program?
- F. Are there any opportunities for improvement in the program's activities?

Name an of Program Being Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

**III. Prevention Services** (continued)

**D. What Activities does the program engage in?**

COMMENTS:

**E. What are the current strengths of the program?**

COMMENTS:

**F. Are there any opportunities for improvement in the program's activities?**

COMMENTS::

**IV. OUTCOMES & EVALUATION**

- A. Does the program conduct a formal needs assessment?
  - Yes (Briefly describe the process)
  - No - How does the program assess need?
- B. What are the programs measurable goals and objectives?
- C. What current research are the program's strategies based on?
  - 1. How does the program verify/validate the identified research?

Name an of Program Being Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

**IV. Outcomes & Evaluation**

**A. Does the program conduct a formal needs assessment?**

COMMENTS:

**B. What are the program’s measurable goals and objectives?**

COMMENTS:

**C. What current research are the program’s strategies based on?**

COMMENTS:

D. What type(s) of evaluation is the program engaged in? Briefly describe how evaluation takes place and the collection of data.

Outcome

Process

Impact (Community Systems/Population)

Other (please list) \_\_\_\_\_

---

1. Who conducts the evaluation process?

If internal, please identify title(s) of staff involved.

If external, identify type (i.e., individual contractor, college/university) and relationship with outside evaluator (i.e., contractual, voluntary) and type

E. How is the program evaluated to assess progress toward achieving established goals and objectives? How often does this evaluation occur?

F. Are there any opportunities for improvement in the program's goals, objectives, & evaluation?

Name an of Program Being Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

**IV. Outcomes & Evaluation**

**D. What type(s) of evaluation is the program engaged In?**

COMMENTS:

**E. How is the program evaluated to assess progress toward achieving established goals and objectives?**

COMMENTS:

**F. Are there any opportunities for improvement in the program’s goals, objectives, & evaluation?**

COMMENTS:

**V. ADMINISTRATIVE REVIEW** - *During the Peer Review process, it has been found that a general discussion pertaining to program administration was mutually beneficial. Programs were able to discuss problems that they shared, exchange ideas for resolution and improvement, and exchange areas of innovation. Accordingly, the following are suggested areas for discussion and suggested questions. Please note significant findings/observations in the “Comments” section.*

**A. SUGGESTED AREAS OF DISCUSSION**

1.  Governance
2.  Training/Supervision
3.  Program Activity Scheduling
4.  Staffing Patterns/Employment Environment
5.  Collaboration
6.  Program Planning and Development
7.  Application of Information Technology
8.  Mission
9.  Service Delivery System

**B. FOCUS ISSUES**

1. Is the administrative area/system efficient and effective?  
 Yes       No
2. Does the selected system support program goals?  
 Yes       No
3. Does the program prepare an annual Management Plan and how has the plan affected program operations?  
 Yes       No
4. Do Governing Board and/or internal committees play an effective role in program oversight?  
 Yes       No
5. What is the program/agency’s mission statement and what is the community/agency/staff’s level knowledge of the mission?
6. What noteworthy strengths does the program demonstrate in the selected areas? What challenges/weaknesses does the program face in the selected areas?
7. What administrative/program management challenges/problems does the program have?
8. What changes in administrative practices are warranted, dollar amount notwithstanding?
9. Are there any opportunities for improvement in the administration area?
10. What has been the program’s experience in collaborating with other services/programs?
11. How has the program responded to funding needs to meet the requirements of the principles of effectiveness?
12. What has the program’s experience in meeting Federal and state mandatory guidelines? How does your program stay current with these guidelines? How are these concepts integrated into the program?

**V. ADMINISTRATIVE REVIEW**

Name an of Program Being Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

COMMENTS:

**VI. ADDITIONAL FOCUS AREAS** - Use this section to report on any additional areas reviewed.

**V. ADDITIONAL FOCUS AREAS**

Name an of Program Being Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

COMMENTS:

**VII. REVIEWER'S ASSESSMENT OF THE REVIEW PROCESS**

Please comment on recommendations for improving the overall Peer Review process and the Peer Review Protocol, Guidelines and Report Format.

1. What part(s) of the Peer Review did you find most helpful/useful?
2. What part(s) of the Peer Review did you find least helpful/useful?
3. What additional areas would you include as part of the review?
4. What changes to the review instrument would you recommend?
5. Would you participate in the Independent Peer Review Process Again?  
 Yes     No

**V. REVIEWER'S ASSESSMENT OF THE REVIEW PROCESS**

Name an of Program Being Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

COMMENTS:

**PROGRAM SELF-REPORT ON BEST PRACTICES** - This section is to be filled out by the program reviewed and submitted along with the final report to ASAP. Reviewers may wish to send this form to the Program prior to the review. The completed form maybe used in the review process. The individual completing this form is encouraged to be as detailed as possible in order to highlight the innovative and best practice activities of the program.

- A. Programs my choose to respond to the following suggested questions in identifying unique and or effective aspects of their program which have resulted in improving client outcome.
1. What program modifications have been made in the past year?
  2. What mechanisms exist in your program that provides for staff training?
  3. How does your agency address/improve staff retention?
  4. What recent/long term challenges has your program overcome?
  5. What mechanisms for information flow, in the area of prevention and research information, exist in your program?
  6. Has the program ever participated in a research project?  
 Yes       No

**IX. PROGRAM SELF-REPORT ON BEST PRACTICES**

Name an of Program Reviewed	Name of Program Conducting the Review	Date of Review
Name, Position, & Titles of Participating Staff	Name, Position, & Titles of Participating Staff Conducting Review	

COMMENTS:

**Appendix C: List of Programs Involved in Peer Review Process**

<b>Program Reviewed</b>	<b>Modality</b>
A.R.E.B.A. Casriel Institute, Inc. (ACI) 500 West 57th Street New York, New York 10019	Residential Rehabilitation
Canton Potsdam Chemical Dependency Services 50 Leroy Street Potsdam, New York 13676	Inpatient Rehabilitation
Catholic Charities of Columbia & Greene County 431 East Allen Street Hudson, New York 12534	Substance Abuse Medically Supervised Outpatient
Cattaraugus County Council on Alcoholism and Substance Abuse, Inc.* P.O. Box 567 201 South Union Street Olean, New York 14760	Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
Cattaraugus County Council on Alcoholism and Substance Abuse Services - Prevention First P.O. Box 567 201 South Union Street Olean, New York 14760	Prevention
Cazenovia Recovery System, Inc. New Beginnings 376 Dewitt Street Buffalo, New York 14213	Residential Halfway House
Chautauqua Alcoholism and Substance Abuse Council Suite 405 Fenton Building 2-6 East Second Street Jamestown, New York 14701	Prevention
Community School District 10 Youth Leadership Program 1 Fordham Place, Room 829 Bronx, New York 10458	Prevention
Delphi Drug and Alcohol Council 1839 East Ridge Road Rochester, New York 14622	Prevention
Delphi Drug and Alcohol Council – Treatment Program 1839 East Ridge Road Rochester, New York 14622	Drug Free Outpatient
Erie County Council for the Prevention of Alcoholism and Substance Abuse, Inc. 1625 Hertel Avenue Buffalo, New York 14216	Prevention

<b>Program Reviewed</b>	<b>Modality</b>
Farnham, Inc. 283 West 2nd Street Oswego, New York 13126	Prevention
Friends of Bridge, Inc. 5-11 Pflug Place Valley Stream, New York 11580	Drug Free Day Service
Fulton Friendship House, Inc. Victorian Manor 8-10 First Avenue Gloversville, NY 12078	Residential Halfway House
G.R.A.C.E. House Unity House of Cayuga County 56 Osborne Street Auburn, New York 13021	Residential Halfway House
Genesee/Orleans Council on Alcoholism & Substance Abuse, Inc. Prevention Education Department 1 Mill Street Batavia, New York 14020	Prevention
Genesee/Orleans Council on Alcoholism & Substance Abuse, Inc.* 30 Bank Street Batavia, New York 14020	Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
Genesee/Orleans Council on Alcoholism & Substance Abuse, Inc.* The Atwater Home 1 Mill Street Batavia, New York 14020	Residential Halfway House & Residential Supportive Living
Hope House Adolescent Program* 1 Hope Lane P.O. Box 14444 Albany, New York 12212	Residential Chemical Dependency for Youth
Liberty Resources Maxwell House 239 Broad Street Oneida, New York 13421	Residential Halfway House
Long Island Consultation Center 97-29 64th Road Rego Park, New York 11374	Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
Martin Luther King Jr. Health Center 3065 Third Avenue Bronx, New York 10456	Alcoholism Outpatient Clinic
Monsignor Carr Institute 76 West Humboldt Parkway Buffalo, New York 14214-2698	Substance Abuse Medically Supervised Outpatient

Program Reviewed	Modality
New Directions Schoharie County Substance Abuse Program Schoharie County Mental Health Center 150 East Main Street Cobleskill, New York 12043	Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
North County Freedom Homes, Inc.* 25 Dies Street Canton, New York 13617	Residential Halfway House
North Shore Child and Family Guidance Center 999 Bush Hollow Road Westbury, New York 11590	Chemical Dependency for Youth Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
NorthStar Substance Abuse Services Citizen Advocates, Inc. 6 Fourth St. Malone, New York 12983	Substance Abuse Medically Supervised Outpatient
Pahl House* 106-108 Ninth Street Troy, New York 12180	Residential Chemical Dependency for Youth
Passages Counseling Center 3680 Route 112 Coram, New York 11727	Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
Pius XII Youth and Family Services - Chemical Dependency Services* 62 Grand Street Newburgh, New York 12250	Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
Prevention Council of Saratoga County, Inc. 36 Fila Street Saratoga Springs, New York 12866	Prevention
Preventionfocus, Inc. Teen Focus 69 Linwood Avenue Buffalo, New York 14209	Prevention
Pride Site II* The Educational Alliance 25 Avenue D New York, New York 10009	Drug Free Residential
Promesa, Inc. 262 East 174th Street Bronx, New York 10457-7239	Alcoholism Outpatient Clinic
R.E.A.C.T. Center Roosevelt Educational Alcoholism Counseling Treatment Center, Inc. 27A Washington Place Roosevelt, New York 11575	Substance Abuse Medically Supervised Outpatient
South Shore Child Guidance The C.A.R.E. Center 87 Church Street Freeport, New York 11520	Alcoholism Outpatient Clinic

<b>Program Reviewed</b>	<b>Modality</b>
SPINS 4 Public School 57 176 East 115 Street New York, New York 10029-2097	Prevention
St. James Mercy Health System Mercycare Alcoholism Treatment Center of Hornell (M.A.T.C.H.) One Bethesda Drive Hornell, New York 14843	Inpatient Rehabilitation
St. James Mercy Health System Mercycare Alcoholism Treatment Center of Hornell (M.A.T.C.H.) One Bethesda Drive Hornell, New York 14843	Alcoholism Outpatient Clinic
St. Luke's Hospital Unity Center for Recovery 3 Commercial Place Newburgh, New York 12550	Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
St. Mary's Hospital Alcoholism Services* 427 Guy Park Avenue Amsterdam, New York 12010-1060	Inpatient Rehabilitation
Student Assistance Program Seaway Valley Prevention Council 2 Riverside Drive Canton, New York 13617	Prevention
Syracuse Behavioral Health - The Willows Van Duyn Home and Hospital Campus PO Box 15479 Syracuse, New York 13215	Inpatient Rehabilitation
The Health Association* MainQuest Treatment Center 774 West Main Street Rochester, New York 14611-2331	Inpatient Rehabilitation
The Health Association* MainQuest Treatment Center 774 West Main Street Rochester, New York 14611-2331	Alcoholism Outpatient Clinic
Turning Point* Saint Francis Hospital 11 Hastings Drive Beacon, New York 12508	Alcoholism Outpatient Clinic & Substance Abuse Medically Supervised Outpatient
Turnings Ontario County Department of Substance Abuse 3019 County Complex Drive Canadaigua, New York 14424	Prevention

Program Reviewed	Modality
Turnings Ontario County Department of Substance Abuse Services 3019 County Complex Drive Canadaigua, New York 14424	Substance Abuse Medically Supervised Outpatient
Twin Oaks 75 Oak Street Plattsburgh, New York 12901	Residential Halfway House
WNY United Against Drug & Alcohol Abuse 1067 Harlem Road Cheektowaga, New York 14227	Prevention

## Appendix D: Peer Reviewers

Mary Adams-Hatlestad, M.S.Ed.  
Substance Abuse Counselor  
Delphi Drug & Alcohol Council, Inc.  
1839 East Ridge Road  
Rochester, New York 14622

Greg Aldrich, CASAC  
Program Director  
North Country Freedom Homes, Inc.  
25 Dies Street  
Canton, New York 13617

Beth Anzalone  
Senior Prevention Specialist  
WNY United /Leaders in Training  
(LIT Program)  
1067 Union Road  
Cheektowga, New York 14227

Jennifer L. Baer, M.S.Ed., CASAC  
Program Coordinator  
Delphi Drug & Alcohol Council, Inc.  
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