
INDEPENDENT PEER REVIEW PROCEDURES

The Substance Abuse Block Grant (SABG) requires DBHR to ensure an independent peer review process is implemented in Washington State. Individuals who have contract monitoring, certification, or funding decision-making responsibilities for the providers cannot complete peer reviews, therefore, DBHR staff cannot conduct peer reviews.

1. Definitions for purposes of this Exhibit:

- a. Independent means an entity not bound by or committed to, or affiliated with a larger controlling unit; in this case Department of Social and Health Services, Behavioral Health Services Integration Administration, Division of Behavioral Health and Prevention or Behavioral Health/Associated Services Organizations.
- b. Quality for purposes of this section, is the provision of treatment services which, within the constraints of technology, resources, and Individual circumstances, will meet accepted standards and practices which will improve Individual health and safety status in the context of Recovery.
- c. Appropriateness for purposes of this section, means the provision of treatment services consistent with the individual's identified clinical needs and level of functioning per American Society of Addiction Medicine (ASAM).

2. Peer Review

- a. Is **NOT** a monitoring, licensing, or auditing process;
- b. Is performed by practicing professionals, and is based on professional trust and understanding;
- c. Is an educational process for both the professional being reviewed and the professional conducting the review. As such, the process serves to stimulate professional growth and strengthen the entire profession; and
- d. Provides a supportive environment where professionals identify program strengths and challenges, and provide guidance and advice for improving the quality of care.
- e. General timeline for peer review activities:
 - i. February: Participating agencies and CDPs will be identified;
 - ii. Early Spring: Training for volunteer CDP peer reviewers;
 - iii. May – June: Peer review site-visits occur;
 - iv. By July 30: Final peer review reports completed and submitted to DBHR.

3. Selection Process

BHO must:

- a. Provide DSHS with a list of Substance Use Disorder providers representing at least five (5) percent of the total SABG funded agencies by Feb 15 of each year beginning 2018. Selected providers may be excluded for two (2) years after their initial participation.

- b. Provide at least two (2) volunteer CDPs to be a peer reviewer.
 - i. All volunteer CDP peer reviewers must sign a disclaimer for each agency they are reviewing to assure they have no financial connection.
 - ii. Volunteer CDPs will be reviewing SABG funded agencies from other BHOs.
- c. DSHS will work in coordination with volunteer CDPs to make travel and lodging arrangements for peer review orientation and site reviews. DSHS will reimburse for all travel miles, meals, and parking costs.

4. Peer Reviewers

- a. Peer Reviewers are volunteer Chemical Dependency Counselors experienced in the substance use disorder treatment field.
- b. Peer Reviewers will work as a team of at least two (2) and no more than four (4).
- c. Peer Review Team will review at two (2) agencies.
- d. Peer Reviewers can receive up to 32 CEUs.
- e. Peer Reviewers will:
 - i. Schedule site visits;
 - ii. Interview program staff chosen by the provider;
 - iii. Review a minimum of 5% of the agency's records for active individuals, or 5 records; whichever is smaller.
- f. Main responsibilities are to:
 - i. Assist the provider to identify program strengths and challenges.
 - ii. Assess needs and make recommendations for technical assistance and training to improve skills and improve quality and appropriateness of treatment and recovery services.
 - iii. Recommend possible changes in service delivery patterns to improve the quality and appropriateness of treatment and recovery services.
 - iv. Complete a Peer Review report for each program reviewed, in a format provided by DBHR, and within the following timeline:
 - 1) Within ten (10) days of the site visit, the reviewer sends a draft report to the provider for their review and comments. The provider has ten (10) days from the receipt of the draft report to return their comments, if any, to the reviewer.
 - 2) Within ten (10) days of receiving the provider's comments the reviewer completes the final report; and,
 - 3) Email a copy of the final report to the provider and to DBHR with a courtesy copy to the managing Behavioral Health Organization.

- v. Provide suggestions and recommendations regarding the effectiveness of the Peer Review program and modifications to program tools, training and procedures.

5. Organizational Roles and Responsibilities

a. The Substance Use Disorder Treatment Service Provider:

- i. Coordinates with the peer reviewers to schedule the site visit. Each review is usually no less than four hours, but no more than six.
- ii. Selects one or two key staff to participate in the site visit interviews.
- iii. Shares copies of brochures and community educational materials distributed by the agency with peer reviewers.
- iv. Randomly selects and arranges five or 5% of individual records from the caseload of currently active individuals for peer review purpose only.
- v. Completes a peer review process evaluation form.
- vi. Within 10 days, reviews and comments on the draft peer review report of their program.
- vii. Each program review becomes part of the recommendations presented by the Behavioral Health Advisory Council (BHAC) to DBHR Director for consideration in behavioral health strategic planning.

b. The Behavioral Health Advisory Council (BHAC):

- i. Oversees the peer review process in Washington State.
- ii. Reviews a compilation of summary reports from the Peer Reviewers.
- iii. Merges the individual reports into a document that summarizes:
 - 1) Program characteristics;
 - 2) Program strengths;
 - 3) Program challenges;
 - 4) Reviewers' recommendations; and
 - 5) Requests or suggestions for technical assistance and training.
- iv. Submits a final report, with recommendations, to the Director of the Division of Behavioral Health and Recovery.

c. The Division of Behavioral Health and Recovery (DBHR):

- i. DBHR supports BHAC and their role in overseeing the Peer Review Program by:
 - 1) Incorporating a clause in the contract of all programs receiving federal block grant funding that explains the provider's responsibility to participate in the Peer Review process.

- 2) Mailing the annual peer review recruitment letters to all certified substance use disorder treatment and professional organizations.
 - 3) Providing staff support to the BHAC to arrange meetings and provide written materials.
 - 4) Providing an orientation and training to Peer Reviewers, prior to making site visits. Trainings are approximately four hours long. The training is designed to bring consistency to the peer review process and will include information regarding:
 - a) Training tools, forms, and support services that may be available to the provider;
 - b) Scheduling the site visit;
 - c) Structuring/organizing the peer review day;
 - d) Using the peer review forms and information gathering tools;
 - e) Maintaining confidentiality of individual and provider information;
 - f) Writing the individual peer review reports;
 - g) Making travel arrangements and completing the reimbursement forms; and,
 - h) Meeting reporting deadlines.
- ii. For each annual Peer Review process, DBHR maintains records of the following:
- 1) A listing of the providers reviewed and the dates of the peer review site-visits.
 - 2) A listing of the peer reviewers.
 - 3) A copy of summary peer review reports.
 - 4) A copy of the summary recommendations to the Director of the Division of Behavioral Health and Recovery.
- iii. After each review period, DBHR will:
- 1) Make appropriate changes to forms used during the Peer Review program in response to recommendations from peer reviewers and providers.
 - 2) Provide up to 32 CEUs to each peer reviewer. CEUs are determined based on number of hours spent conducting a review.
 - 3) Send each participating provider a copy of the recommendations document presented to DBHR's Director.