COMMUNITY REVIEW OF THE AVERY ROAD TREATMENT CENTER (ARTC)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH AND CRISIS SERVICES

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Planning, Accountability and Customer Service

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This document is part of ongoing series of reports to inform management, frontline staff, community partners and the public about the Department of Health and Human Services' efforts to make data informed decisions.

The aim of this work is to identify needs and provide practical responses for frontline practitioners in support of that mission and to support long term strategic solutions which improve individual, family and community health and social outcomes, to deliver more equitable services which reduce disparities, and to be a responsible steward of the public resources.

ACKNOWLEDGEMENTS

The Department of Health and Human Services (DHHS) is among the largest agency in Montgomery County government and is responsible for public health and human services that help address the needs of the community's most vulnerable children, adults and seniors. DHHS has a staff of 1600 professionals, provides more than 120 programs and delivers services at more than 20 locations throughout Montgomery County.

DHHS provides services through several service areas: Aging and Disability Services (ADS); Behavioral Health and Crisis Services (BHCS); Children, Youth and Family Services (CYFS); Public Health Services (PHS) and Special Needs Housing (SNH). The Office of Community Affairs (OCA) provides direct services through several programs. In addition, DHHS administrative functions include budget administration, fiscal administration, contract management, facilities, grant acquisition, human resources, information systems and performance management.

The Department's core services protect the community's health, protect the health and safety of at-risk children and vulnerable adults and address basic human needs. Planning, Accountability and Customer Service (PACS) operated under the Office of the Director, to ensure efficient, effective and high quality delivery of services and to measure the goals of the organization and focus on results in line with the organization's values.

The Community Review was coordinated by Abigail Hoffman with support provided by Sarah Yaftali, under the direction of Matthew Nice, DHHS Planning, Accountability and Customer Service. Graphic design was provided by Sean Clark, Office of Public Information, Montgomery County, Maryland. The independent review panel consisted of Sue Guenther, Miriam Kelty, Dorothy Moore, and Walter Woods.

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EXPLANATORY NOTES

This report relies upon several acronyms listed below.

ADA	Americans with Disabilities Act
ADS	Aging and Disability Services
ARTC	Avery Road Treatment Center
BHCS	Behavioral Health and Crisis Services
CCI	Community Clinic, Inc.
CRAT	Community Review Assessment Tool
CRT	Community Review Team
CYFS	Children, Youth and Family Services
DHHS	Department of Health and Human Services
eHR	Electronic Health Records system
eICM	Electronic Integrated Case Management System
IT	Information Technology
ITM	Intensive Teaming Meeting
MCPD	Montgomery County Police Department
MCPS	Montgomery County Public Schools
MTC	Maryland Treatment Centers
OCA	Office of Community Affairs
PACS	Planning, Accountability and Customer Service
PHS	Public Health Services
QSR	Quality Service Review
SNH	Special Needs Housing
STEER	Stop, Triage, Engage, Educate and Rehabilitate

EXECUTIVE SUMMARY

The Department of Health and Human Services (DHHS), one of the largest government agencies in the county, is responsible for public health and human services that help address the needs of our community's most vulnerable children, adults and seniors. DHHS regularly evaluates service delivery and outcomes to identify gaps and equitable service solutions, which reduce disparities and improve individual, family and community health and social outcomes. Since 1999 the Community Review process has been a valuable means through which the Department receives feedback regarding the effectiveness of its programs.

The Avery Road Treatment Center (ARTC) in Rockville, Maryland, was recommended for review in 2016. ARTC is managed by the Maryland Treatment Center (MTC) through a contract with DHHS under the Behavioral Health and Crisis Services (BHCS). MTC provides ARTC'S organizational structure and technology support. The review field work took place 13-17 March 2017 and was conducted by a trained, independent panel from the community using a structured assessment tool.

The review panel found that ARTC is at the forefront in the field for detoxification treatment, clinical services and medication assisted treatments and remains up-to-date with the latest treatment research. This has proven successful during a time of growing abuse of opioids in the region and the need to establish more resources to assist clients and to raise community awareness among citizens about the necessity of providing in-patient and aftercare for those addicted to opioids.

Services exceeding reviewer's expectations in a number of areas and may be of value to other similar programs operating in the community. Several were highlighted by the review panel, including:

1. Program management regularly uses data to drive decisions and respond to service delivery needs. Information are shared with staff and changes are implemented based on the evaluation of outcomes.

2. ARTC has established several successful partnerships with other local programs that have contributed to effective follow-up activities. One such example, is a grant funded program for early engagement and outpatient treatment known as Stop, Triage, Engage, Educate and Rehabilitate (STEER) in partnership with the Montgomery County Police Department (MCPD). ARTC also partners with Community Clinic, Inc. (CCI), the Welcome Back Program and a testing laboratory.

3. The program is successful in retaining competent and qualified employees. ARTC has identified a formula that encourages staff retention, particularly among the nursing staff. The program's staff members are a close-knit group who are encouraged to build their career paths. These factors contribute to a low turn-over rate.

4. ARTC funding has remained largely unchanged for the past 11 years but has successfully navigated complex billing processes and funding streams while maintaining services through a combination of creative strategies, blended public and private funding and a newly formed alumni association active in fundraising activities.

The review panel also identified opportunities for improvement with the following select observations and recommendations.

1. As Montgomery County is a highly diverse community, more materials related to services available, access, and eligibility should be available in the most commonly encountered languages within the population. This includes those clients with hearing impairments in need of sign language services. Materials in additional languages should be made available in print and online formats.

2. With one centrally located in-patient treatment facility, it is less convenient for clients in more remote locations of the county; it may be worth exploring additional satellite services in other areas of the county and/ or additional transit options.

3. Continue to locate resources with local agencies for clients with co-occurring disorders (mental health needs and substance use disorders). Identify additional affordable, and safe residential housing for clients leaving in-patient treatment as a means of extending the continuum of care into the community.

4. Work to raise community awareness about the rising opioid epidemic, to include educating citizens about the necessity of providing inpatient and outpatient aftercare to those who are addicted to opioids.

5. Examine current awareness of, and access to, the County's Center for Continuous Learning (CCL) opportunities by contractors. Instructions for how Contractors can access CCL trainings were forwarded to ARTC staff by PACS staff.

6. ARTC should look at comparable programs in other jurisdictions to establish and measure program performance benchmarks.

7. Providers currently do not have access to the County's electronic health record (eHR) and electronic integrated case management (eICM) systems; ARTC is investing in new eHR technologies to begin rolling out in the fall of 2017 and could consult with DHHS on future integration of such systems. ARTC is currently undergoing implementation of MTC's eHR system with the roll out of the system scheduled for October 1, 2017.

8. Collaborate with the DHHS Substance Abuse Prevention program to provide education and prevention messages to young adults.

Findings are scheduled to be presented by the Community Review Team (CRT) to DHHS management and staff and the ARTC/ MTC provider staff. Following the discussion, a plan of action and timeline will be developed for any findings or recommendations, as appropriate. DHHS Planning, Accountability and Customer Services (PACS) will monitor progress and report back to the Director and the Senior Leadership Team on progress in one year.

1. BACKGROUND

The Community Review Program is a valuable means through which the Montgomery County DHHS receives feedback and input regarding the effectiveness of department programs from a community member perspective. Trained panels independently assess how the programs are serving residents, examine the impact of programs on the community, and recommend possible improvements to services.

Guided by the Community Review Assessment Tool (CRAT) self-assessment, reviewers examine program delivery based on its alignment with DHHS' Mission and Guiding Principles;

- Effective and Equitable Service Delivery;
- Accountability; Capable and Engaged Workforce;
- Service Delivery Transformation; and
- Collaborative Partnerships (Annex I).

The program was also reviewed on ADA compliance (Annex II) and how it met objectives in line with the goals in the Department's two-year Strategic Plan Roadmap.[1]

Figure 1. Avery Road Treatment Center in Rockville, MD.

The Avery Road Treatment Center (ARTC) in Rockville, Maryland, is managed by the Maryland Treatment Center (MTC) through a contract with DHHS under the Behavioral Health and Crisis Services (BHCS). The provider was recommended for review in 2016.

Independent Review Panelists and Process

The Community Review is a process of program self-assessment, desk and subsequent field review performed by three to four knowledgeable, trained independent reviewers from the local community. The Community Review of ARTC was performed by reviewers Sue Guenther, Miriam Kelty, Dorothy Moore and Walter Woods (Annex III). The team piloted the revised tool for this review.

Figure 2. Panel members at the preliminary planning meeting and a training session

A preliminary planning meeting and a training session commenced on 9 March 2017. During the session, the panel met with ARTC staff members Meghan Westwood, Executive Director, and Malika Curry, program manager

[1] www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20(4)%202016_2018.pdf

and Hardy Bennett, the BHCS administrator who oversees the ARTC contract.

Following the panel review of the program's self-assessment, field work occurred from 13-17 March 2017. During that time, the team visited the location, observed services being delivered and met with DHHS staff, program staff and clients.[2]

Reviewers interviewed the program staff and clinical managers about mission and general operations (Annex IV). Numerous program documents were provided to the panel, including the mission and vision statement, the screening instrument, the procedures manual and program brochures.

Reviewers toured the facility, observed client intake interviews and observed portions of three treatment groups. They interviewed an addiction counselor and completed phone interviews with representatives from two of ARTC's partners, the Stop, Triage, Engage, Educate and Rehabilitate (STEER)[3] and Community Clinic, Inc. (CCI) Health and Wellness Services.

Figure 3. ARTC reception area

Following the field review, the panel meets with members of the ARTC staff to provide initial feedback and discuss recommendations. A subsequent meeting by the panel with DHHS and provider management and staff is held to present the final report and its recommendations.

2. WHAT WAS REVIEWED

Program Mission and Services

ARTC'S mission is to improve the lives of clients and their families with comprehensive behavioral health care and treatment for substance abuse and addiction in a caring, efficient, and effective recovery community. The program strives to do this with evidence based programs that include science, spirituality, compassion and therapeutic optimism. The treatment environment strives to provide care with respect for clients and families, safety, competence, and in collaboration with community partners as well as families.

Services

ARTC provides residential, medically monitored non-hospital detoxification and intermediate care services for adult male and female clients.

Clients can self-refer, can be referred by their family, Access to Behavioral Health, jail or law enforcement, hospitals or other treatment providers. An initial telephone screening is conducted by admissions staff to assess eligibility and appropriateness for ARTC.

Intensive short-term (28 day) treatment is provided at ARTC, usually starting with detoxification. As treatment duration is short, there is significant client turnover and wait

[2] Note for the purposes of this report, clients refer to those patients receiving treatment services.

[3] The pilot program ended in December and was continued for six months to the end of the current Fiscal Year. The collaboration with MCPD and ARTC has been successful.

time for admission is generally less than a week after the telephone screening. There is a steady demand for residential treatment and the facility is generally filled.

The treatment provided at ARTC includes a variety of therapeutic groups designed to meet the complex needs of clients and their families, e.g., peer, family, men's and women's groups. Counselors also meet individually with clients as needed. Multiple treatment approaches are used, including medication-assisted treatment when it is deemed necessary.

Figure 4. ATRC detoxification and intermediate care facility

Team meetings are held twice weekly to discuss client issues. There is a weekly staff meeting. An open-door policy is employed so that clients have access to the counselors whenever needs arise.

Clients are referred to outpatient programs when they leave as well as to other supports as necessary.

Service Target Population

ARTC serves adults with substance abuse disorders. The typical patient served is between 18 and 32 years old. Clients are provided treatment regardless of their income level or housing needs.

Services include tailored treatment options for individuals with a combination of challenging needs, including those who are homeless, HIV positive, those abusing drugs intravenously and clients with co-occurring (mental health and substance abuse) disorders. The availability of affordable, safe and stable housing remains a scarce albeit very significant resource for this population.

ARTC received approval from the Office of Health Care Quality to provide treatment services to residents with co-occurring disorders in both inpatient and outpatient modalities.

Organizational Overview

The Avery Road Treatment Center was built in 1991 and is located at 14703 Avery Rd. in Rockville, MD. The main phone number for the facility is 301-762-5613 and the website is http://www.mountainmanor.org

The centrally located facility is accessible by limited early morning and later afternoon public transit options.

DHHS has contracted with MTC to operate the ARTC, a 60 bed non-hospital in-patient drug and alcohol treatment center, of which 80% (49 beds) are funded by Montgomery County. It is the only such inpatient facility in the county.

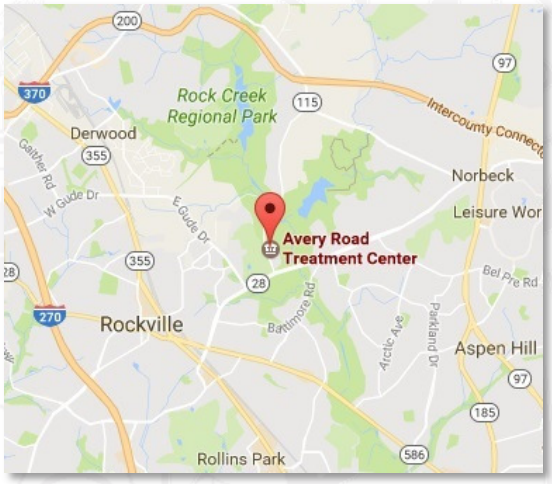

Figure 5. Location of the Avery Road Treatment Center

Budget

The ARTC operating budget has remained largely unchanged for the past 11 years at $3.6 million. ARTC is funded through a combination of block grants, County funding and private fee for services. There is currently no Medicaid reimbursement available for this population.

Approximately 20% of ARTC budget revenue is generated by patient care fees with a substantial portion of this being paid by out-of-county clients for the 11 non-reimbursed beds. The non-County funded beds are available to individuals who can self-pay, those with private insurance, or other contracts.[4]

Beginning 1 July 2017, ARTC will transition to a medical reimbursement model with specific amounts being reimbursed for each service rather than having a 12-month grant divided monthly to determine payment.

Staffing

ARTC has 40 full-time equivalent (FTE) positions, which includes 13 nurses. The facility provides medical and psychiatric care through clinicians who regularly visit the site and are on-call. Nurses, nurse practitioners, and nurse technicians are on staff, along with counselors and therapists.

A full-time DHHS staff person is located on site to review benefit eligibility with clients and help them to prepare and submit benefit applications. This staff person has access to the County's systems such as eICM and works with both ARTC and the Avery Road Combined Care Program, which provides longer-term residential treatment.

Counselors have eight clients per caseload and generally see clients at least every two days. The clinical director is on call 24 hours a day. The reviewers were informed by supervisory staff that current staffing is adequate.

Figure 6. Administrative areas and reception

The panel reviewed the paper and pencil records used by ARTC and discussed the plan for transition to a new MTC electronic health records system. The panel was informed that an electronic health records system has been selected, training and implementation was on-going and the system is scheduled to go-live in October 2017. That system will connect with State Medicaid systems, but is not anticipated to connect to the County's existing electronic health records system (eHR).

Facility

The facility dates from 1991 and needs renovation, particularly in areas of high use.[5] The facility has limited recreational facilities, e.g., outdoor basketball court and a few pieces of older exercise equipment indoors. While in services, clients assist with chores to help maintain the facility and its services.

The facility is scheduled to have a rebuild on the same site with an anticipated completion date in 2019. The new facility will have four additional beds, which may necessitate additional staff. The County-funded beds will

[4] Individuals who self-pay are charged around $7,500, per month with private insurers generally paying for short-term stays (3 – 10 days).

[5] On 4 January 2017, the Maryland Board of Public Works approved a state grant of $226,874 for design of the new Avery Road Treatment Center.

remain the same at 49 and the total number will increase to 64, once the new facility opens, allowing for opportunities to expand existing revenue streams.

Figure 7. Limited Ride-On services available at the ATRC

3. RESULTS

The program self-assessment and subsequent review by the independent review panel are guided by the Community Review Assessment Tool (CRAT). The CRAT consists of six areas (standards) covering a program's: Mission and Guiding Principles; Effective and Equitable Service Delivery; Accountability; Capable and Engaged Workforce; Service Delivery Transformation and Collaborative Partnerships. Each section has multiple questions assessed by the panel (Annex I).

Results are organized by program findings which exceed reviewer's expectations, findings which can be transferred to other program areas, and findings which warrant attention.

The program was also reviewed using a checklist of Americans with Disabilities Act (ADA) compliance, the results of which are presented in Annex II.

In some places recommendations across more than one section or tool may be merged into a single recommendation, where appropriate. Additionally, some recommendations may stem from reviewer's notes and/ or interviewees observations but which may not be directly reflected in the CRAT. Recommendations are ordered from those the panel identified as being appropriate in the short term (within 60 days), the mid-term (within a year) and long-term (over a year).

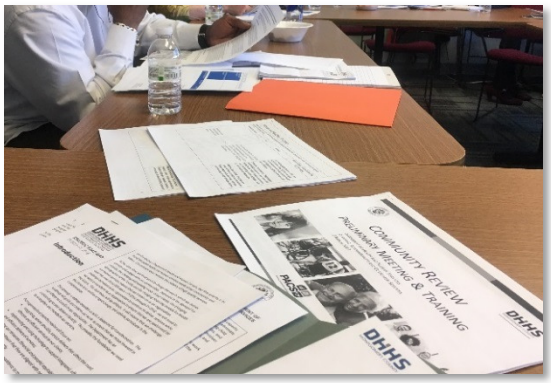

Figure 8. Assessment tool and training documents

I. Mission and Guiding Principles

The goal is to promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.

Findings Exceeding Expectations

- Operational/program decisions are data driven with management fully understanding and embracing the value of collecting and using data to make informed decisions. For example, the client satisfaction survey was used to improve the food service. Additionally, , the program has modified treatment approaches based on data collected about the changing needs of clients being served, such as where the population has shifted from older clients with alcohol addictions to younger clients with opioid addictions.
- ARTC views addiction as a family disease and with patient consent, tries to engage families in family counseling.

Findings Transferable to Other Programs

- The ARTC program management regularly uses data to drive decisions and respond to service delivery needs.

Findings Needing Attention and Recommendations

Short-term

- ARTC Program management may wish to add the program's mission statement and language capabilities to brochures to make information about services more accessible to the community.

Mid-term

- Reviewers had difficulty identifying information on accessing services, eligibility requirements and the language capabilities offered on the Avery Road Treatment Center website; the program management may consider whether it should have greater presence online.
- ARTC Program management may wish to add the program's mission statement and language capabilities to brochures to make information about services more accessible to the community.

II. Effective and Equitable Service Delivery

The goal is to align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.

Findings Exceeding Expectations

- The program adapts and adjusts to the changing needs of ARTC's client population; for example, data suggests more clients are intravenous drug users now, whereas 12-15 years ago, admissions were primarily for alcohol abuse.
- ARTC is successful in designing flexible services to engage the growing number of opioid abusers as well as those of synthetic drugs such as methamphetamine, MDMA (*ecstasy*), synthetic cannabinoids (commonly marketed as *Spice* or *K2*); a close collaboration exists with a pharmacy that frequently informs the nursing staff of newly emerging drugs.
- The facility offers equitable treatment to specialized populations including individuals diagnosed with HIV/AIDS, hepatitis, mental health disorders, those with criminal backgrounds and pregnant women. The homeless, uninsured, unemployed and limited English speakers can also access services.
- ARTC provides a "warm" transfer when establishing follow-up treatment for clients after discharge.
- Since the wait for ARTC services can be from two to five days, clients are referred to other programs if ARTC cannot serve them immediately.

Findings Transferable to Other Programs

- The program's focus on the engagement and retention of clients in services through its "warm" transfer process for clients to meet new provider/therapist.

Findings Needing Attention and Recommendations

Short-Term

- Repair bathroom tiles that are loose, remove bulges in carpeting and clean the carpeting.
- At discharge, patients should be given copies of their records to be able to pass on information to other providers, if necessary.
- Redesign the work area to conduct intake interviews in a private area, away from the busy reception area to ensure privacy and confidentially in accordance with regulations.

Mid-term

- ARTC has staff with multiple language abilities. However, program material (e.g., brochures) should be translated into the

most commonly spoken languages in the county.
- Staff should consider raising community awareness about the rising opioid epidemic, to include educating citizens about the necessity of providing inpatient and outpatient aftercare to those who are addicted to opioids.

Long-term
- Crisis detoxification beds would be beneficial at ARTC but an on-site physician would be required at all times.
- ARTC struggles to serve those with hearing impairments as sign language interpretation is expensive. ARTC needs to identify ways to adequately and equitably serve this population.
- With one centrally located in-patient treatment facility, it is less convenient for clients in more remote locations of the county; it may be worth exploring additional satellite services in other areas of the county and/ or additional transit options.
- Ensure a temporary plan is in place for residential services when the facility undergoes renovations.
- ARTC should consider a needs assessment to continually monitor and ensure equitable access to and benefits from the rehabilitation program for all demographic populations in the county.

III. Accountability

The goal is the maintenance of reliable, accurate records and data for analysis so program effectiveness can be quantified through performance measures.

Findings Exceeding Expectations
- ARTC collects, maintains and acts upon items measured on their risk/ quality and management reports.
- ARTC uses data to provide staff with protocols, comparative assessments with similar operations and employee assessments/ evaluations including, training needs. The program also uses data to set and track its program goals.
- ARTC tracks and reports various performance measures to the county, readmissions within a 12-month period; client goal setting and tracking of targets and outcomes is excellent.

Findings Transferable to Other Programs
- ARTC's method of tracking of client outcomes and program performance indicators would be beneficial during the development of similar treatment and other direct service programs.

Findings Needing Attention and Recommendations

Long-term
- Provided data compared ARTC to other MTC programs; it would be beneficial to look at comparable programs in other jurisdictions to establish benchmarks for the programs, such as retention and relapse rates.

IV. Capable and Engaged Workforce

The goal is to recruit, develop, and maintain a workforce that is engaged, accountable, responsible, respected, recognized, and prepared for changing roles within the department and representative of the community.

Findings Exceeding Expectations
- ARTC has an excellent human capital development plan via their constant monitoring of talents and skill development, which allows ARTC to take advantage of unique skills, i.e., languages spoken and keeps staff turnover low.
- Program keeps up-to-date with the newest learning in the field through its partnerships with Howard University (medical students who do psychiatry rotations for one to three months) and interns from the University of Maryland

and Catholic University School of Social Work.

Findings Transferable to Other Programs

- Performance data is constantly shared with staff and allows for objective evaluation of performance by entire units. They regularly use data for program development purposes.
- The use of teams and encouraging staff to move up and providing opportunities in career paths.

Findings Needing Attention and Recommendations

Short-Term

- Examine awareness of, and access to, the County's Center for Continuous Learning by contractors. Expand availability, if possible.

Mid-term

- ARTC management should fully explore with MTC competitive Montgomery County salary supplements for counselors as a means to decrease turnover in this class. Frequently, ARTC staff in this position will eventually move on to other counseling opportunities in the area offering higher salaries.
- Currently, there is one ARTC staff member assigned to the STEER Program; ARTC may benefit from additional staff being assigned to this program.

V. Service Delivery Transformation

The goal is for an integrated service delivery system supported by technology, which enables staff to share information and work effectively.

Findings Exceeding Expectations

- ARTC long-term focus on clients even though it is a short-term program. Staff work with clients from the first day to ensure smooth transitions between the phases of treatment and whenever possible, making connections with other services to ensure patient's comfort as they move to long-term engagement in high-intensity care.
- It is somewhat the nature of addiction to have multiple attempts at recovery, but ARTC tries to reduce the need for readmissions by establishing comprehensive continued care plans.

Findings Transferable to Other Programs

- The on-site DHHS eligibility worker enters information in eICM regarding any DHHS referrals made to clients at discharge. This staff person discusses referrals, eligibility requirements and assists the patients with online applications.
- Since DHHS' eICM system is not available to contracted partners, having an onsite liaison that is trained and able to access eICM is a helpful link.

Figure 9. DHHS benefits eligibility staff located on-site

Findings Needing Attention and Recommendations

Mid-term

- Telephone intake is completed by hand through a paper form and not a database. ARTC should ensure an electronic intake process with MTC's eHR future implementation.
- MTC's anticipated eHR will not connect to the County's systems. Contract monitors may want to explore ways for information in the two systems to be coordinated, where appropriate.

VI. Collaborative Partnerships

The goal is to strengthen internal and external partnerships with other programs and agencies to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes and eliminating disparities.

Findings Exceeding Expectations

- ARTC has numerous formalized successful collaborations such as the MCPD pilot project STEER. ARTC staff rides along with MCPD officers. This program has been evaluated by George Mason University and has shown better success numbers than the national data; the program was recognized by the Center for Health and Justice as a model program.

Findings transferable to other programs

- The methods of proactive engagement with community partners and hands on support that are used in this program could be transferred to many other areas.
- ARTC serves as a training site for fellows in psychiatry for the Howard University School of Medicine.
- Recently an ARTC Alumni Association has acquired 501c3 status. The group has been providing increasing support with activities such as clothing drives and car washes.

Findings Needing Attention and Recommendations

Mid-term

- Program would benefit from grant support and in locating additional funding for partnerships such as STEER.
- Outreach to the community for a greater
- awareness of the program and what is working in treatment and aftercare.
- Collaborate with the DHHS Substance Abuse Prevention Program, to determine if an evidence-based program, such as Strengthening Families or Dare to Be You, is currently available to appropriate ARTC families with children. Alternatively, explore how other prevention resources can enhance the lives of ARTC families.
- Work with the Substance Abuse Prevention Program to provide education and prevention messages to young adults.
- Partner with MCPS to bring attention to students and families the dangers opioids are currently posing.

Figure 10. Review of the final report recommendations

4. NEXT STEPS

The Community Review panel met with DHHS and ARTC leadership and staff to review the report and its findings on 2 May 2017. Following the final discussion, the report was finalized on 10 May 2017, and it will be made available on the DHHS internet site.

A plan of action and timeline will be developed for any findings or recommendations which may require a response, as appropriate. DHHS commits itself to review progress at regular intervals with a one year update to of the recommendations.

PACS will monitor progress and report results to the DHHS Director and the Senior Leadership Team, as needed.

ANNEX I: Community Review Assessment Tool

I. Mission and Guiding Principles

Standards/ Strategies	Supporting Evidence
1. Program's mission statement clearly relates to the DHHS mission.	Avery Road Treatment Center's (ARTC) mission statement fully aligns with DHHS's mission statement by promising to improve the lives of their patients and their families with comprehensive high quality behavioral health treatment; promoting the health and recovery of patients, their families and their community with treatment informed by evidence, science, spirituality, compassion and therapeutic optimism; by achieving excellence in the development and delivery of treatment services. Also mentioned are core values such as: care, respect, competence, safety, collaboration and quality. The mission statement is posted in several areas frequented by staff and/or patients, such as the entry foyer and staff working area.
2. Program has clear goals, objectives and strategies to accomplish its mission.	ARCT establishes clear goals, objectives and strategies as noted on the Avery Road--Maryland Treatment Centers, Inc., 2016 Dashboard of Key Performance Indicators. Performance indicators such as Clinical outcomes, Infection Control Outcomes, Medication Errors and Adverse Drug Reaction, Medication Processes and Performance, Clinical Contracts, Patient Perception of Care/Service Excellence, Human Resources and EoC/Physical Plant/Fleet Management are reviewed. Objectives and targets are set for each indicator and measured quarterly.
3. Staff can articulate the program's mission, goals, services and target population.	As mentioned, the mission statement is visibly displayed in several locations; the entrance foyer and staff work area. The mission statement is also housed in the ARTC Policy and Procedures manual. The program's self-assessment indicates the mission statement is reviewed with staff at hiring and during annual evaluations. A new hire, approximately three days in the position at the time of the review, confirmed that the mission was reviewed with her at hire. Concepts of equitable service delivery and reducing disparities are articulated when discussing procedures and actions taken to deliver quality services to all including homeless, uninsured, unemployed and limited English speakers requesting services.
4. Program mission, goals, service, and contact information are accessible, accurate and consistent across sources such as, printed materials, information referral lines, website, and social media.	ARTC is widely known throughout Montgomery County MD, among patients, county residents and in the Behavioral Health Community as a premier treatment facility. The program is highly respected in the county and is often promoted via word of mouth; from one patient to another, professional to patient and professional to professional. Also, ARTC information is accessible through the county information 311 line, Access to Behavioral Health program and the parent organization, Maryland Treatment Centers.
5. Program incorporates DHHS principles into policies, procedures, professional interactions and information technology (IT) systems.	ARTC reports that the current IT system is outdated and there are plans to update the system to include an Electronic Health Record system in the late fall of 2017. Maryland Treatment Centers hires ARTC staff and many DHHS policies and procedures do not apply to the staff and the staff does not have access DHHS's IT system. There is no "wrong door". A DHHS eligibility worker is full-time on site and has access to the eICM. The eligibility worker helps patients to apply for medical assistance (MA) and ensures that patients already receiving MA renew their card by the due date. Also, this person assists patients in applying for food stamps and other resources.
6. Program has a system in place to identify efficiencies and improvements.	Most ARTC programming is data-driven. There is a system in place for tracking program efficiencies. (Note #2 above) Detected deficiencies are monitored and tracked and in some situations the Corporate Headquarters gets involved. When necessary, a performance and improvement plan is developed to correct the deficiency.

II. Effective and Equitable Service Delivery

Standards/ Strategies	Supporting Evidence
1. Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service.	The Perception of Care (Satisfaction) Survey is administered to patients at discharge inquiring about the following: Admission Process, Treatment Services, Staff Services, Environment/ /Privacy/Confidentiality/Safety, Discharge Process and Overall Satisfaction. In 2016, there were 999 discharges and 458 respondents to the Perception of Care Report-ARCT, 2016; 55% of the respondents strongly agreed with the overall satisfaction item and 33.5% with the agreed item. Surveys are reviewed collaboratively by managers and staff regularly and as needed corrective measures are instituted. For example, food service was changed to offer more nutritious options after reviewing feedback on satisfaction surveys.
2. Clients are screened for other needs and referrals are made for eligible services available outside the program.	Screening for other needs and making appropriate referrals is an integral part of the care process at ARTC. The program works diligently from the onset of a patient's entrance to treatment to refer to and engage patients in after-care services at discharge from ARTC. The program participated in a study; one finding is that patient engagement and retention improve patient outcomes, the ARTC staff endeavors to operationalize this finding. Also, patients greatly benefit from an embedded full-time DHHS eligibility worker who assists patients in applying for and renewing medical assistance and securing resources such as housing and food stamps. This person is recently trained in the use of eICM. ARTC staff is not DHHS employees and not trained to use eICM which is unique to DHHS. ARTC staff and the DHHS contractor monitor report that patient records provide evidence of referrals for a continuum of services and other resources unavailable at ARTC.
3. The program informs and refers customers to appropriate resources in the community or other DHHS programs, as appropriate.	Staff encountered by the Community Review team was consistently professional, friendly and very helpful in responding to inquiries and fulfilling requests for program documents and materials. The CRT observed staff interacting in a compassionate, caring and friendly manner when intaking patients. Staff endeavors to discharge patients to the appropriate level of Behavioral Health Care and other services in the community. Staff collaboration with and referrals to other treatment programs and community resources is an essential component of patient care and a daily process. Some frequent referrals are the Dorothy Day House, Sober living homes, Access to Behavioral Health, Out-patient Addiction Services and Recovery Oriented System of Care program.
4. Program regularly solicits customer satisfaction information across all clients and uses information to improve program delivery.	Feedback is solicited from patients. The Perception of Care (Satisfaction) Survey is administered to patients at discharge and routinely reviewed by management and staff. The survey is available in Spanish. (See above, Effective and Equitable Service Delivery, # 1 for additional information.)
5. Program delivers services respectful of diverse communities.	ARTC staff is culturally diverse and representative of the diversity in Montgomery County. Staff is fluent in Spanish, French, Hindi and Creole. ARTC is sensitive to the religious needs of patients and provides "quiet areas" for those needing secluded prayer areas.
6. Print and multimedia communication materials and forms are developed in easy to understand language, taking into consideration literacy level, cultural, and linguistic appropriateness and people with other	Printed materials are available in the languages spoken by most patients; English and Spanish. Online program information is in English. Program information published and disseminated to the public by ARTC is found in English only and does not mention the program's strong language capabilities.

Standards/ Strategies	Supporting Evidence
forms of communication needs.	
7. Program is aware of and uses translation services to serve non-English speaking customers.	ARTC is aware of and uses translation services. Staff are fluent in Spanish, French, Hindi and Creole. If an interpreter is needed to facilitate work with a patient, one is called in or accessed by language line. There is a line item in the budget to cover the expense of this service.
8. Program staff are knowledgeable about and provides reasonable accommodations and accessible facilities for customers with disabilities.	Accommodations are available for a person with a disability in the men's and women's units. ADA (Americans with Disabilities Act) accessible bedroom and adjoining bathroom were observed in the women's unit. Also, observed in this unit were loose bathroom floor tiles, which are on a work order for repair by the county who has responsibility for making repairs. The building foyer restroom is ADA equipped and easily accessible. (See enclosed ADA Checklist for additional compliance information.)
9. Staff are knowledgeable about and provides reasonable accommodations for customers with limited access to transportation (i.e., bus ticket, taxi voucher, etc.).	Public bus transportation is accessible within ¼ mile of the facility at the intersection of Avery Road and Norbeck Road (Route 28). The short walk to/from the bus stop is along a walker friendly paved sidewalk, which the program lobbied for some years ago. Also, Ride-on bus service to the door is available twice daily. Tokens and cab vouchers are available, however patients needing to leave the facility during their stay for an appointment are most often transported and accompanied by a staff person.
10. Services are delivered in facilities that are accessible to clients.	The facility is accessible by public transportation and can boast of ample parking space. Patients can access assistance as needed, 24/7. All are assigned a counselor and when this person is not on duty or unavailable, patients can seek assistance from another staff on duty.
11. Services are delivered in facilities that are safe, comfortable and welcoming to clients.	A friendly receptionist warmly welcomes and requests visitors to the facility to sign-in and then allows them entry into the locked/secured area of the building. ARTC is located in a facility showing signs of "wear and tear," such as loose bathroom tiles and soiled and bulging carpeting. Plans/documents are signed to replace the facility by 2019. The reception area is a hub of activity and less than ideal for conducting patient intake interviews.
12. Information on how to access or apply for services is available online for clients.	Information on how to access/apply for services is found in several places; DHHS website, InfoMONTGOMERY and Mountain Manor website.
13. Program services are received in a timely manner.	Applicants to the program wait 3-5 days for admission and each or representative calls daily to keep abreast of availability on the list and to confirm their continued interest in admission. Contact begins with a telephone screening to determine if the applicant's somatic and behavioral health needs can be meet within the program.
14. If the program has a waiting list for services, staff are working to eliminate the waiting list.	There is a waiting list. The Maryland Treatment Centers' Avery Road Treatment Center (Detox and ICF) data shows that 35 clients were on waiting list at the end of January 2017. Persons are placed on the list and call daily to remain on the list. Persons who cannot be accommodated in an expedited way are referred to other programs. Admission is unavailable on demand.
15. Program regularly reviews changing client outcomes and population needs data and incorporates findings into their practice. p	ARTC regularly reviews outcomes and has changed the program to meet the needs of the new population seeking treatment; young users of opioids with family connections. Services now offer medication assisted treatment, stronger family support and strategies to engage patients ages 18-32.

III. Accountability

Standards/ Strategies	Supporting Evidence
1. Program applies evidence-based practice to the design and delivery of services.	The program uses standards set by the AMA and also the Substance Abuse and Mental Health Administration. Staff is routinely informed of new occurrences of different types of drug abuse by the labs that partner with ARTC. Training of staff is done both inside the operation and by attendance at training offered by area experts. The clinical staff is required to obtain continuing education to maintain licenses and certifications.
2. Program sets monthly/annual targets for outcome measures.	The program uses AMA rates for treatment completion rates. With the average stay of treatment being set, MTC is able to set goals for monthly average outcomes and yearly outcomes for a variety of clinical outcomes like successful discharges, transfers to hospitals, infection control and other key performance indicators.
3. Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results.	ARTC does self-assessments, undergoes accreditation reviews and charts outcomes on an ongoing basis. The results are compared to other locations operated by MTC and other operations. These data are continually tracked and shared with staff. These data are shared with teams to enable them to know if they exceed or fall below targets and are used to help staff know what activities are on target and what activities need attention,
4. Program managers regularly disseminates the program's performance data with staff.	ARTC staff has a variety of regular staff meetings during which performance data are shared, The data are tracked electronically and put into numerical and graph formats to be shared with staff and used in a variety of performance improvement programs. Staff is able to give feedback on the data at regular meetings, which occur multiple times per week.
5. Program compares results/ trends with similar programs in other jurisdictions or appropriate benchmarks.	ARTC is able to meet formally and informally with other programs in the Greater Washington area, Because MTC runs a number of treatment centers in the Greater Washington/Baltimore area, it is able to track things like AMA completion rate and compare it with other programs. Reviewers were presented with comparisons of results between ARTC and treatment programs in Baltimore and Emmittsburg, Maryland. The program is the beneficiary of staff, which can supervise, work and collaborates with multiple programs falling under the Maryland Treatment Center umbrella,
6. Are managers utilizing reporting tools and data?	While data collection is excellent and is used to repeatedly track work electronically, some data is collected on paper. This appears to be done primarily at intake. Staff is apprised of results of data collection in weekly meetings. No community needs assessments are performed by the program so there is not really adequate information to determine if there are disparities in service delivery,
7. Program holds staff accountable to demonstrate respect, professionalism, timelines and fairness.	These measures are well outlined in job descriptions and performance review planning. For example, performance appraisals and competency assessments provide for things like punctuality, positivity, accepting patient lifestyle and helping them to make changes. Staff are required to work with a professional attitude, wear badges, observe confidentiality, and work interdepartmentally when required.
8. Program has participated in the Quality Service Review (QSR) process.	No, provider has not participated in a DHHS QSR process. The program uses accreditation review and standards set by AMA.
9. Program has a clearly written policy for	There is a written complaint/dispute policy in place. It is not clear if all staff has a hard copy to distribute,

Standards/ Strategies	Supporting Evidence
handling complaints/disputes about the delivery of services that is available to clients.	Clients are given the complaint dispute policy at intake. There were no patient complaints recorded during the periods reviewed, This might or might not be a reliable report since fewer than 50% of patients filled out patient surveys
10. A notice of privacy practices (NOPP) is visibly posted in public areas and is provided to clients.	Privacy policies are prominently displayed in areas which can be viewed by patients in waiting and intake areas, Patients are made aware of privacy policies at intake,
11. Staff always adhere to appropriate information security safeguards when sharing confidential documents.	Staff is provided HIPPA training on an ongoing basis. There is a written policy explained at intake. Records are kept in a staff access only room.
12. Client files are stored in a secure area and confidential information is not in plain view.	Clients receive regular privacy training, All client files are keep in a room only accessible by staff. Screensavers and passwords are used No client files were observed in open areas. Confidentiality statements are included with faxes.
13. Staff practices discretion and has safeguards in place when discussing sensitive client information.	See comments #'s 10, 11 and 12

IV. Capable and Engaged Workforce

Standards/ Strategies	Supporting Evidence
1. Program has sufficient staff and appropriate resources to support goals.	According to ARTC staff they have reasonable staff. There were no long wait list for hiring. Staff turnover is minimal, especially the nursing staff. staff meetings and the daily briefings allow for staff input into needs.
2. The program budget reflects and supports the program's mission and significant needs.	The contract was level for a decade ARTC. There is a well delineated budget. Waits are minimal. Services are timely delivered. ARTC fills any budget gaps by using beds in excess of the ones contracted to fill budget gaps.
3. To ensure appropriate planning and sustainability, the program follows a process to communicate budget needs and alternate funding strategies, engaging the department and other entities as required.	ARTC does communicate budget needs but since the program a contract this process is different. The interaction the staff has with public and private entities in the addiction field allows staff to keep abreast with grant opportunities, Staff has indicated they could take advantage of efficiencies of scale with one more addiction counselor. There is some concern about the future funding capabilities if there are changes in insurance plans. ARTC has entered into a long-term design build contract with DHHS.
4. Job descriptions are in place for position and reflect the individual's role in	Job descriptions were shared with the review team. Job descriptions are linked to performance appraisals. Job descriptions are very specific as to position expectations

Standards/ Strategies	Supporting Evidence
achieving the program's goals.	
5. Staff responsibilities and activities are appropriately aligned with their position description.	During the review, it appears that staff worked to the full extent of their position descriptions; which as noted above provide a well delineated role requirements
6. Staff have the knowledge, skills, awareness and training required to formulate, implement, execute, and manage services to customers.	ARTC have an ongoing training program in place. They provide some of the training staff must do in order to maintain certifications and licenses. Staff also attends external training in the field and then share information with staff not attending those trainings. Daily briefing occurs when staff shift changes. Additional staff are able to share experiential and learned knowledge during the regularly scheduled staff meetings. More experienced staff are able to provide guidance as newer staff are able to share and ask for suggestions during briefings.
7. Performance plans and evaluations are conducted on a regular basis for staff (as per Performance Management Cycle).	Performance plans are tied to job descriptions. They are completed yearly. Metrics are regularly shared with staff so that they can know what performance targets are and whether they are being met. There is very good electronic record keeping as to when performance plans are done and when evaluations are conducted. There appears to be good management staff relations where feedback seems to occur on an ongoing basis. It is not clear how often the wording in plans are reviewed
8. Program management utilizes techniques to ensure staff is effectively working to meet goals.	Staff is knowledgeable about their jobs. Management development is done both in house and through attendance at development programs. The daily briefings and regularly scheduled meetings during which client status is discussed are used to cross train. Electronic record keeping of human capital talent is in place and used to track timely completion of mandated training. There are many long-term employees who acknowledge the encouragement they received to grow and advance in capability and position throughout the program.
9. Program provides opportunities for volunteers, interns and/or students.	While some relationship exists between ARTC and area colleges, there is not really an ongoing use of interns. There is an ongoing relationship with area medical schools which allow for residents to do psychiatry rotations All activities of any non-permanent staff are driven by ARTC planning. They are provided HIPPA training
10. Program ensures that volunteers, interns and/or students understand their role by providing job descriptions, training, and supervision.	As noted all activities of any non-permanent staff are supervised by ARTC staff
11. Program staff have received emergency preparedness guidance, training and have a plan in the event of an emergency.	There is a well written emergency preparedness plan. Training is provided and leaders are delineated. Some training and practice is done. There are emergency escape routes, gathering place and emergency shelter plans in place. Emergency contacts are in place, the emergency plan covers violence, fire and disasters, etc.

V. Service Delivery Transformation

Standards/ Strategies	Supporting Evidence
1. Manager promotes and staff are working towards an integrated seamless services delivery approach for problem solving and case reviews.	The MTC/ARTC philosophy is to provide a smooth continuum of care to patients. To accomplish this, they begin immediately working to prepare for and accomplish smooth successful hand offs between stages as patients move through the treatment process. There is an DHHS eligibility specialist on site to ensure that patients are informed and assisted in signing up for all services they qualify for.
2. Program is aware of, and participated in, the Intensive Team Meeting (ITM) process to support service integration and collaboration across service areas, County departments and community providers.	The ARTC staff is aware of the ITM process; however, as contractors they participate only when invited. They have not been involved in ITMs recently.
3. Staff effectively uses appropriate technology to support work and achieve program goals.	The ARTC uses MTC technology and support. They expect to have a new electronic health record system in the fall of 2017.
4. Program has an on-going training curriculum and accountability structure to ensure full utilization of the Enterprise Integrated Case Management (eICM), Electronic Health Records (eHR) and/or Electronic Content Management (eICM) systems.	The DHHS eligibility specialist has been trained on the eICM. When the CRT talked to her she had just received the training so it is not possible to assess how well eICM will be used. As contractors, program staff at ARTC do not have access to the system
5. Program staff effectively use eICM, eHR and/or eCM systems for service delivery and to monitor client and program outcomes.	N/A
6. Program staff are accessible by telephone and e-mail, and voicemails are responded within one business day.	ARTC phones are answered 24/7 all calls go in through one line. The staff answering phones routes calls to ensure coverage. The night staff are able to reach program staff if they are needed. MTC has a strong expectation that email is responded to promptly. When staff is away a backup contact is identified.
7. Program uses electronic and social media (webpage, Facebook, Twitter,	The program is represented on the County website and 311. They do not use social media to promote services.

ANNEX II: Americans with Disabilities Act Checklist

This review notes general impressions and observations about ADA compliance. It is not a formal assessment for ADA compliance.

Accessible Parking/ Route of Travel	Yes/ No
Is there clearly marked accessible parking? ADA parking regulations require 1 accessible space per 25 spaces. The first space should be a van accessible space-8ft. parking space plus an 8ft. access aisle.	Yes
Is there an accessible path of travel between the parking space and the main entrance of the building? Look for curb cuts, ramps, etc. Follow the travel path and see if you encounter any problems.	Yes
If the main entrance is not accessible, is there a clearly marked alternative route to the building that is accessible? Again, follow this route and see if you encounter any problems.	Yes
Does the route appear to be wide enough for a wheelchair user (at least 36 inches)?	Yes
Is the front door wide enough (at least 32 inches wide) for a wheelchair to get through?	Yes
Can you open the door without too much trouble? If not is there an automatic door or doorbell to ring for assistance?	Yes
Accessible Interior Space	**Yes/ No**
Can you reach the main office by an accessible route?	Yes
Is the aisle at least 36 inches wide and clear of boxes and protruding items?	Yes
Are interior doors wide enough for wheelchair access (32 inches wide)?	Yes
Is there an accessible bathroom?	Yes
Does the door open easily or is there an automatic door?	Yes
Is there a water fountain that can be used by those using wheelchairs?	Yes
Are interviewing or counseling rooms accessible for someone in a wheelchair?	Yes
Program Accessibility	**Yes/ No**
Does the agency brochure inform people of how to request the information in an alternative format?	**No**
Do meeting notices include a statement about requesting sign language interpretation or other accommodations?	**No**
Are meetings held in accessible locations?	Yes
Does the agency permit service dogs to accompany clients? There are no licensing requirements or identifying equipment needed to prove that the dog is a service dog. The client may be asked if the dog is a service dog.	Yes
Does the agency have a lot of telephone contact with clients?	Yes
If so, does the agency have a TTY telephone? *Crisis programs and 911 systems only	**No**
Is staff trained on the use of the TTY? *Crisis programs and 911 systems only	**No**
Is agency staff trained to use Maryland Relay?	Yes
Will staff members assist people with disabilities in completing applications if necessary?	Yes
If the agency has a website, is it accessible to users who are blind or have visual impairments?	**No**

Reviewer comments:
Several clearly designated accessible car/van parking is at the front door of the facility. The facility is on the ground floor and is easily accessible by wheel chair. Bathrooms are accessible and marked.

The building is aging and will be rebuilt by 2019. However, in the meantime, to ensure safety, the loose tiles in the bathroom located in the women's unit in the designated handicapped bedroom's adjacent bathroom need to be secured and bulging carpeting in the reception area requires adjustment to enhance unencumbered movement through the area.

ANNEX III: Reviewers

The Department of Health and Human Services extends appreciation to the following independent reviewers who volunteered their time for the community.[6]

Sue Guenther

Sue Guenther is currently a member of the Montgomery County Commission on Aging and has been performing Community Reviews for 12 years. She served for five years on the community action board of Montgomery County, working on Head Start and anti-poverty programs, three of which were as the chair. She received her education in psychology, education and public administration.

Previously she worked with state and local governments and with associations such as the National Association of Counties, the National Governors Association and the National Criminal Justice Association mental health and family caregiver's associations.

Miriam Kelty

Dr. Miriam Friedman Kelty is a licensed clinical psychologist retired from the National Institute on Aging (NIA) where she served for 20 years as Associate Director responsible for the Institute's grants and contracts management, peer review, extramural programs and policies, training and career development programs, and its advisory committees. Before joining NIA, she served as chief of the Behavioral and Neurosciences study sections in the NIH Division of Research Grants.

Dr. Kelty is serving a second term on the Montgomery County Commission on Aging and co-chairs its Committee on Aging in Place in the community, and chairs the Adult Protective Services Guardianship Review Board. She received her doctoral training at Rutgers University with interdisciplinary work in psychology, psychobiology and animal behavior.

Dorothy Moore

Dorothy Moore is a graduate of the Howard University School of Social Work and is a Licensed Certified Social Worker with over 45 years of clinical experience. She managed a crisis center for women and children fleeing domestic violence, a therapeutic nursery program and a highly structured therapeutic and educational program for adolescents and their families.

Dorothy developed cross cultural experience living and working in Africa as a contract monitor at the United States Agency for International Development Office (USAID), Abidjan, Ivory Coast. In east Africa, she was a volunteer counselor and Board Member at the Amani Counseling Center, Nairobi, Kenya. She retired from DHHS in 2011, as the program manager for treatment services for children and adolescents where she was also assigned to the adolescent drug court.

Walter Woods

Walter Woods is a business owner from Takoma Park, MD. Walter spent eight years working with the Community Action Board, providing oversight for the Head Start program and a variety of county contracts.

He is a graduate of Howard University and holds degrees in criminal justice, political science, and has a law degree from Southern California University for Professional Studies. Walter studied comparative administration of juvenile justice at Cambridge University, England.

[6] Panelists receive a nominal stipend to cover transportation, meals and other incidental costs associated with field work. Miriam Kelty was an active panelist member in training for this review.

ANNEX IV: Interviewees and participants

The independent review panel met with and interviewed the following staff and community partners, and wishes to extend appreciation for their participation in this Community Review. The list is not exhaustive, as additional program staff may have been unintentionally omitted from this list.

Name	Title	Organization
Meghan Westwood	Executive Director	ARTC
Lina Kotsoeva	Clinical manager	ARTC
Emmanuel Nusta	Director of Nursing	ARTC
Malika Curry	Program Manager	ARTC
Hardy Bennett	BHCS administrator	DHHS
Maria Rosario	BHCS contract monitor	DHHS
Jenny Crawford	Integrated Behavioral Health Director	CCI Health and Wellness Services
Mark Sheelor	FSB Administrative Lieutenant	MCPD
Kim Ellison	Income Support Program Specialist	DHHS
Anna Ntim	Counselor	ARTC
Mary Cawley	Receptionist	ARTC
Antonio Patterson	Group Leader	ARTC

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