

Arizona Health Care Cost Containment System
Division of Grants Administration

**Substance Abuse Prevention and
Treatment
Case File Review Findings
FY 2019**

July 2020



(This page has been intentionally left blank.)

Contents

1. Introduction 1-1

2. Aggregate Case File Review Findings 2-1

3. RBHA Case File Review Findings 3-1

 Arizona Complete Health (AzCH)..... 3-1

 Health Choice (HC) 3-15

 Mercy Care (MC)..... 3-29

Appendix A: Case File Review Tool and Instructions..... A-i



(This page has been intentionally left blank.)

1. Introduction

Health Services Advisory Group, Inc. (HSAG), an Arizona-based external quality review organization (EQRO), was contracted by the Arizona Health Care Cost Containment System (AHCCCS), Division of Grants Administration (DGA), to conduct a case file review of behavioral health records. Behavioral health records vary per case file. The case files may include, but are not limited to, the following documents:

- Demographic information
- Initial assessment
- Risk assessment
- Individual service plan
- American Society of Addiction Medicine (ASAM) Patient Placement Criteria
- Medication record
- Progress notes that may include:
 - Case management records
 - Therapy records, including group, individual and family therapy
 - Outreach documentation
 - Correspondence
- Crisis plan
- Substance use testing reports
- Discharge summary report

The case file review is a requirement of the Substance Abuse Prevention and Treatment Block Grant (SABG), which is administered through the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA awarded the SABG to AHCCCS. AHCCCS has chosen to fulfill its requirement by reviewing the case files of individuals enrolled in substance abuse treatment programs, which are contracted through the Regional Behavioral Health Authorities (RBHAs). AHCCCS contracts with RBHAs across the State to deliver a range of behavioral health services. The grant requires the State to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant. AHCCCS fulfills this requirement by reviewing substance use treatment programs that are contracted through the RBHAs. The objective of the review was to determine the extent to which substance abuse treatment programs use nationally recognized best practices in the areas of screening, assessment, treatment, engagement, and retention in accordance with the terms of their contracts and State and federal regulations. In addition, the case file review included the collection of data pertaining to National Outcome Measures (NOMs).

AHCCCS developed, implemented, and validated the sampling methodology for the case file review. Individuals of the study population and sampling frame identified by AHCCCS were:

- Substance abuse clients with a substance abuse treatment service and episode of care (EOC) during fiscal year 2019: July 1, 2018, through June 30, 2019.
- Disenrolled/EOC end date before or on June 30, 2019.
- At least 18 years of age during the treatment episode.
- Within Behavioral Health Category G, which refers to adults who received substance abuse services and were not diagnosed with a serious mental illness.
- Enrolled in geographic service area (GSA) 6, GSA 7, or GSA 8.
- Disenrolled due to completing treatment, declining further service, or lack of contact.
- A minimum of 5 percent of the provider agencies for each GSA must be sampled.
- A total client sample size consisting of 200 records.
- Clients must have received substance abuse treatment during the treatment period.
- Clients must have received a counseling treatment during the treatment period.
- Clients must have been enrolled in a treatment center for at least 30 days.
- Clients must have had a minimum of one episode of care.
- Clients must not be enrolled in a Tribal Behavioral Health Authority.

The study population excluded individuals who:

- Did not have any service encounters during the treatment episode.
- Only had a crisis encounter during the treatment episode.
- Only had assessment services during the treatment episode.
- Did not have any counseling encounters during the treatment episode.
- Only had a detoxification hospitalization encounter during the treatment episode.
- Only had services provided by an individual private provider.

AHCCCS randomly selected 200 cases from the eligible population.

AHCCCS developed the case file review tool, which HSAG converted to an electronic format. The data collection tool contained clinical measures ranging from assessments to discharge planning and re-engagement. In addition, the tool included the collection of NOMs. Experienced HSAG behavioral health record reviewers conducted the case file reviews. The reviewers abstracted behavioral health charts on-site at HSAG.

Due to changes in the sampling methodology, the data collection tool, and contracted RBHAs, caution should be exercised when comparing findings across years.

HSAG reviewed 200 cases from the eligible population for this study, and Table 1-1 depicts the distribution of the case file review sample by RBHA, gender, and age.

Table 1-1—Demographic Table

RBHA	Sample Cases	Percent of Sample	Gender				Age (Years)	
			Female		Male		Mean	Median
			N	%	N	%		
Arizona Complete Health	44	22.0%	4	9.1%	40	90.9%	34.5	31.5
Health Choice	34	17.0%	14	41.2%	20	58.8%	38.9	36.5
Mercy Care	122	61.0%	37	30.3%	85	69.7%	34.9	32.0
Total	200	100.0%	55	27.5%	145	72.5%	35.5	32.0

As a requirement for the SABG, it is mandatory that the state of Arizona assess the quality, appropriateness, and efficacy of treatment services provided to the individuals under the program involved. A minimum of five percent of the provider agencies for each GSA were sampled to ensure that the peer review was representative of the total population of the entities providing services in the state. This ensures that the provider agencies that are reviewed are a representation of the total population of agencies that provide treatment services. As the independent case review is divided into three GSAs, each GSA must meet the five percent minimum of provider agencies reviewed to obtain an accurate depiction of their local area. The five percent criteria was met for each GSA. Table 1-2 depicts the distribution of the case file review sample by RBHA, as a percentage of potential SABG-funded treatment providers.

Table 1-2—5 Percent Provider Review

RBHA	SABG-Funded Treatment Providers	SABG-Funded Treatment Providers Included in the Independent Case Review	Percentage of SABG Treatment Providers Included in the Independent Case Review
Arizona Complete Health	25	11	44.0%
Health Choice	17	8	47.1%
Mercy Care	27	6	22.2%
Statewide*	62	23	37.1%

* AHCCCS determined that 62 unique SABG-funded treatment providers were available statewide, as a limited number of providers are contracted with more than one RBHA.

The SABG study methodology requires that each case be disenrolled or have an EOC end date prior to the end of the measurement period.

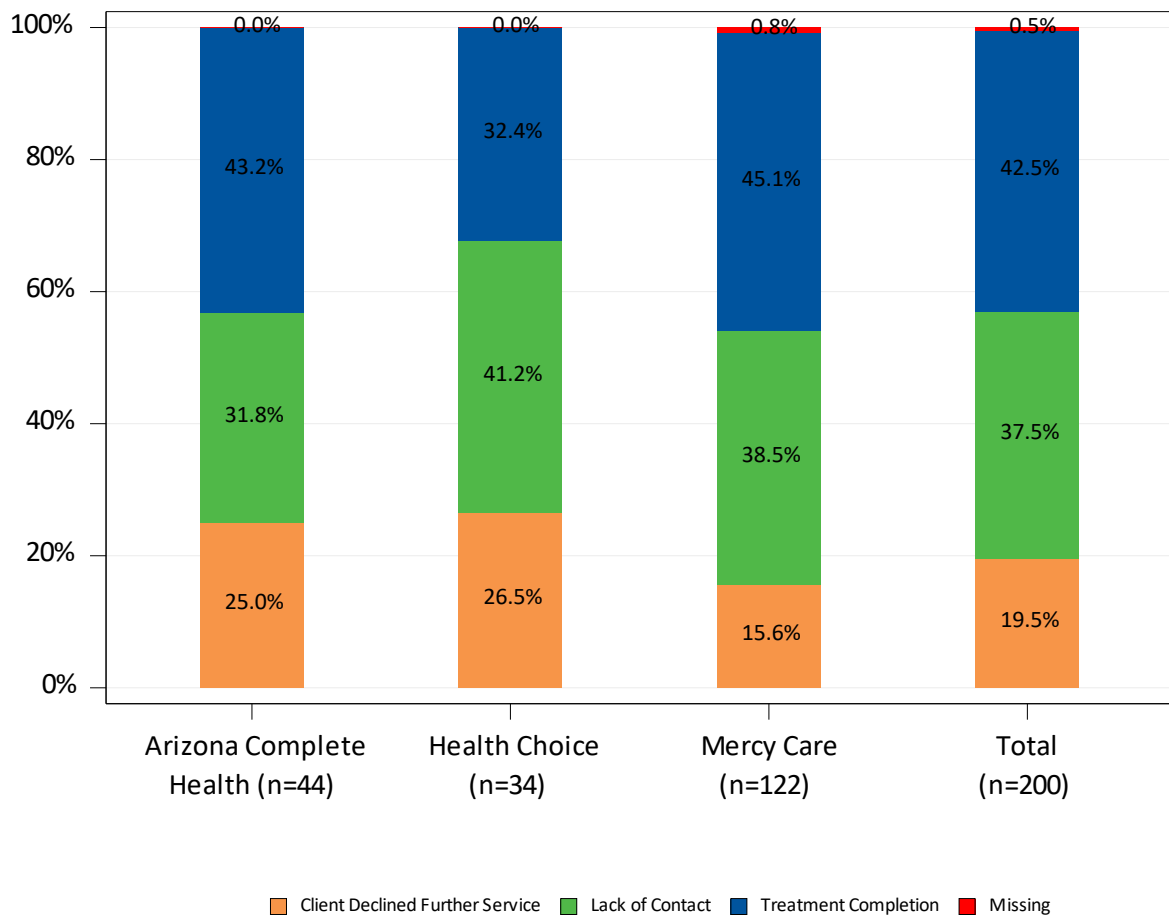
Table 1-3 and Figure 1-1 illustrate the distribution of the case file review sample by RBHA and reason for closure.

Table 1-3—Distribution Based on Reason for Closure

RBHA	Sample Cases	Client Declined Further Service		Lack of Contact		Treatment Completion		Missing	
		N	%	N	%	N	%	N	%
Arizona Complete Health	44	11	25.0%	14	31.8%	19	43.2%	0	0.0%
Health Choice	34	9	26.5%	14	41.2%	11	32.4%	0	0.0%
Mercy Care	122	19	15.6%	47	38.5%	55	45.1%	1	0.8%
Total	200	39	19.5%	75	37.5%	85	42.5%	1	0.5%

Note: Due to rounding, the sum of the percentages in each row may not equal 100 percent.

Figure 1-1—Distribution Based on Reason for Closure



Note: Due to rounding, the sum of the percentages column may not equal 100 percent.

Table 1-4 displays the case file review sample by RBHA and the top three referral sources.

Table 1-4—Top Three Referral Sources*

RBHA	Sample Cases	Referral Sources	N	%
Arizona Complete Health	44	Criminal Justice / Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	24	54.5%
		Self/Family/Friend	14	31.8%
		Other Behavioral Health Provider	4	9.1%
Health Choice	34	Self/Family/Friend	12	35.3%
		Criminal Justice / Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	10	29.4%
		Other Behavioral Health Provider	10	29.4%
Mercy Care	122	Self/Family/Friend	64	52.5%
		Criminal Justice / Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	32	26.2%
		Other Behavioral Health Provider	11	9.0%
Total	200	Self/Family/Friend	90	45.0%
		Criminal Justice / Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	66	33.0%
		Other Behavioral Health Provider	25	12.5%

*AOC=Administrative Office of the Courts, ADOC = Arizona Department of Corrections, ADJC = Arizona Department of Juvenile Corrections

2. Aggregate Case File Review Findings

Table 2-1 and Table 2-2 represent the aggregate case file review findings for the three AHCCCS contracted RBHAs.

To measure performance across measures I through VIII, a “Yes” answer was scored as one point and a “No” answer was scored as zero points. For each indicator, the denominator was defined as the sum of all “Yes” and “No” answers such that the “% of YES” column represents the sum of all “Yes” answers divided by the denominator. Answers of “NA” (not applicable) were excluded from the denominator to ensure that only applicable cases were evaluated in the measure’s performance. However, the total number of “NA” answers is provided in the “# of NA” columns. An asterisk (*) represents a standard for which the “NA” response was not an option.

For indicator III.A, “Best Practices”: Note that indicator III.A includes 43 cases that included therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.

Due to the variation in the denominator size for each individual indicator, use caution when interpreting the findings. The aggregate results for Measure IX are presented in Table 2-2 and Figure 2-1.

Data for indicators II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VIII.C (other) were collected for informational purposes and were therefore excluded from scoring.

Table 2-1—Substance Abuse Prevention and Treatment

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
I	Intake/Treatment Planning				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	200	199	99.5%	0
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?	199	199	100.0%	*
	2. Describe the intensity/frequency of substance use?	199	198	99.5%	*
	3. Include the effect of substance use on daily functioning?	199	192	96.5%	*
	4. Include the effect of substance use on interpersonal relationships?	199	181	91.0%	*
	5. Include a completed risk assessment?	199	196	98.5%	*
	6. Document screening for tuberculosis (TB)?	199	84	42.2%	*
	7. Document screening for Hepatitis C, HIV, and other infectious diseases?	199	114	57.3%	*
	8. Document screening for emotional and/or physical abuse/trauma issues.	199	188	94.5%	*
	B. Was there documentation that charitable choice requirements were followed?	7	4	57.1%	193
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	199	190	95.5%	1
	Was the ISP:				
	1. Developed with participation of the family/support network?	24	16	66.7%	166
	2. Congruent with the diagnosis(es) and presenting concern(s)?	190	190	100.0%	*
	3. Developed with measurable objectives and time frames to address the identified needs?	190	189	99.5%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	4. Developed to address the unique cultural preferences of the individual?	190	185	97.4%	*
II	Placement Criteria/Assessment				
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) Dimensions were used to determine the proper level of care at intake?	200	190	95.0%	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention	190	1	0.5%	*
	OMT: Opioid Maintenance Therapy	190	8	4.2%	*
	Level I: Outpatient Treatment	190	93	48.9%	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	190	35	18.4%	*
	Level III: Residential/Inpatient Treatment	190	51	26.8%	*
	Level IV: Medically Managed Intensive Inpatient Treatment	190	2	1.1%	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	200	168	84.0%	*
	C. Were the American Society of Addiction Medicine (ASAM) dimensions revised/updated during the course of treatment?	200	66	33.0%	*
	D. Were additional assessment tools utilized during the course of treatment?	200	50	25.0%	*
III	Best Practices				
	A. Were evidence-based practices used in treatment? <i>Note that the denominator for indicator III.A includes 43 cases that included therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.</i>	200	157	78.5%	*
	1. The following evidence-based practices were used in treatment:				
	Adolescent Community Reinforcement Approach (A-CRA)	157	0	0.0%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	Beyond Trauma: A Healing Journey for Women	157	1	0.6%	*
	Cognitive Behavioral Therapy (CBT)	157	106	67.5%	*
	Contingency Management	157	5	3.2%	*
	Dialectical Behavioral Therapy (DBT)	157	6	3.8%	*
	Helping Women Recover	157	6	3.8%	*
	Matrix	157	30	19.1%	*
	Moral Reconciliation Therapy (MRT)	157	5	3.2%	*
	Motivational Enhancement/Interviewing Therapy (MET/MI)	157	50	31.8%	*
	Relapse Prevention Therapy (RPT)	157	52	33.1%	*
	Seeking Safety	157	2	1.3%	*
	SMART Recovery	157	26	16.6%	*
	Thinking for a Change	157	1	0.6%	*
	Trauma Recovery and Empowerment Model (TREM)	157	0	0.0%	*
	Trauma-Informed Care (TIC)	157	4	2.5%	*
	Wellness Recovery Action Plan (WRAP)	157	6	3.8%	*
	Other	157	9	5.7%	*
	B. Medication-assisted treatment	200	46	23.0%	*
1. The following medications were used in treatment:					
	• <u>Alcohol-related</u>				
	Acamprosate (Campral)	46	1	2.2%	*
	Disulfiram (Antabuse)	46	0	0.0%	*
	• <u>Opioid-related</u>				
	Buprenorphine/Subutex	46	2	4.3%	*
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)	46	29	63.0%	*
	Naloxone	46	2	4.3%	*
	Naltrexone; long-acting injectable (Vivitrol)	46	5	10.9%	*
	Suboxone	46	10	21.7%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	C. Was screening for substance use/abuse conducted during the course of treatment?	200	106	53.0%	*
	D. Were peer support services offered as part of the treatment continuum?	165	82	49.7%	35
	E. Were peer support services used as part of the treatment continuum?	82	67	81.7%	*
IV	Treatment/Support Services/Rehabilitation Services				
	A. The following services were used in treatment:				
	1. Individual counseling/therapy	200	163	81.5%	*
	2. Group counseling/therapy	200	150	75.0%	*
	3. Family counseling/therapy	200	2	1.0%	*
	4. Case management	200	186	93.0%	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	187	180	96.3%	13
	C. The number of completed counseling/therapy sessions during treatment was:				
	0–5 sessions	200	67	33.5%	*
	6–10 sessions	200	29	14.5%	*
	11 sessions or more	200	104	52.0%	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:				
	No documentation	200	141	70.5%	*
	0 times during treatment	200	102	51.0%	*
	1–4 times during treatment	200	11	5.5%	*
	5–12 times during treatment	200	2	1.0%	*
	13–20 times during treatment	200	10	5.0%	*
	21 or more times during treatment	200	30	15.0%	*
	E. If there was evidence of lack of progress toward the identified goal, did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?	79	54	68.4%	121
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?	108	91	84.3%	92

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual’s interest in becoming involved in such a program was explored?	123	79	64.2%	77
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual’s interest in such an activity was explored?	51	19	37.3%	149
	I. Does the documentation reflect that substance abuse services were provided?	200	196	98.0%	*
V	Gender Specific (female only)				
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	9	0	0.0%	46
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?	3	1	33.3%	52
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?	3	1	33.3%	52
	D. If the female had a child less than 1 year of age, was there evidence that screening was completed for postpartum depression/psychosis?	4	2	50.0%	51
	E. If the female had dependent children, was there documentation to show that child care was addressed?	18	10	55.6%	37
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	51	14	27.5%	4

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
VI	Opioid Specific				
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	200	59	29.5%	*
	B. Was there documentation that the member was provided Medication-Assisted Treatment (MAT) education as a treatment option?	59	41	69.5%	*
	C. If yes to VI B, were they referred to a MAT provider?	41	37	90.2%	0
	D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	21	20	95.2%	38
	E. If a physical health concern was identified, were alternative pain management options addressed?	8	7	87.5%	51
	F. If member is a pregnant female, did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?	3	2	66.7%	56
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose?	59	26	44.1%	*
	H. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	59	37	62.7%	*
VII	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)				
	A. Was there documentation present that a relapse prevention plan was completed?	134	78	58.2%	*
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help and/or other individualized support services?	134	107	79.9%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	C. Was there documentation that staff activity coordinated with other involved agencies at the time of discharge?	81	69	85.2%	53
VIII	Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)				
	The following efforts were documented:				
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	114	101	88.6%	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	87	73	83.9%	27
	C. Were other attempts made to re-engage the individual, such as:				
	Home visit	81	6	7.4%	33
	Call emergency contact(s)	74	9	12.2%	40
	Contacting other involved agencies	68	34	50.0%	46
	Street outreach	51	2	3.9%	63
	Other	35	0	0.0%	79

Note: An asterisk (*) represents a standard for which the “NA” response was not an option.

Measure I—Intake/Treatment Planning

Initial Behavioral Health Assessment

- 99.5 percent of the sampled behavioral health case files contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual’s initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial behavioral health assessment (I A1–8) ranged from 42.2 percent to 100.0 percent.
- 42.2 percent of the behavioral health assessments contained documentation of screening for tuberculosis; 57.3 percent of the behavioral health assessments also reflected screenings for Hepatitis C, HIV, and other infectious diseases.
- 100.0 percent of the sampled behavioral health assessments addressed the substance-related disorder(s). 99.5 percent of the behavioral health assessments described the intensity/frequency of substance use.

- Documentation of compliance with charitable choice requirements was present in 57.1 percent of the sampled behavioral health case files; however, charitable choice did not apply in 193 behavioral case files.

Individual Service Plan (ISP)

- 95.5 percent of the sampled behavioral health case files contained evidence that an ISP was completed within the required time frame of 90 days from the individual's initial appointment. One case had no ISP, but had closed prior to 90 days from the initial appointment.
- 100.0 percent of the behavioral health case files contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 66.7 percent of the behavioral health case files contained evidence that the ISP was developed with the participation of the family/support network. In 166 cases, there was no family/support network or the individual declined to include others in the service planning process.

Measure II—Placement Criteria

- 95.0 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- 84.0 percent of behavioral health case files contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 33.0 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were revised/updated during the course of treatment. In 25.0 percent of the behavioral health case files, additional assessment tools were used during treatment.

Measure III—Best Practices

- 78.5 percent of sampled behavioral health case files contained documentation that evidence-based practices were used in treatment. Forty-three behavioral health case files included therapy progress notes but lacked sufficient documentation to determine whether evidence-based practices were used. Cognitive Behavioral Therapy (CBT) was used in 67.5 percent of the sampled behavioral health case files. Relapse Prevention Therapy (RPT) was used in 33.1 percent of the sampled behavioral health case files. The reviewers could select more than one response for Question III.A.1.
- Medication-Assisted Treatment (MAT) was documented in 23.0 percent of the sampled behavioral health case files and Methadone/Levo-Alpha-Acetylmethadol (LAAM) was used in 63.0 percent of the MAT cases.
- 53.0 percent of sampled behavioral health case files contained evidence that screening for substance use/abuse was conducted during treatment.
- In 49.7 percent of the behavioral health case files, peer support services were offered as part of the treatment continuum and 35 clients declined peer support. 81.7 percent of clients who responded "Yes" to peer support services received peer support services during treatment.

Measure IV—Treatment/Support Services/Rehabilitation Services

- Documentation in the sampled behavioral health case files contained evidence that 93.0 percent of individuals received case management services, 81.5 percent received individual counseling/therapy, 75.0 percent received group counseling/therapy, and 1.0 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 96.3 percent of behavioral health case files contained documentation of progress or lack of progress toward the identified ISP goals. Thirteen behavioral health case files had no ISP present or contained documentation that services were recent and there was no change in progress.
- 52.0 percent of the behavioral health case files contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 14.5 percent completed six to 10 sessions, and 33.5 percent completed zero to five sessions.
- 70.5 percent of behavioral health case files did not contain documentation regarding the number of self-help or recovery group sessions completed during treatment.
- If there was evidence of a lack of progress toward the identified goal, in 68.4 percent of the behavioral health case files, there was documentation that the provider revised the treatment approach and/or sought consultation to facilitate improvement. In 121 case files, symptomatic improvement was documented.
- 84.3 percent of behavioral health case files demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored. In 92 behavioral health case files, however, the individual was employed at the time of intake or employment was not relevant to the individual's situation.
- 64.2 percent of behavioral health case files demonstrated evidence that if the individual was not participating in an educational or vocational training program at intake, the individual's interest in participating in such a program was explored. In 77 case files, however, the individual was involved in education or vocational training at the time of intake or it was not relevant to the individual's situation.
- 37.3 percent of behavioral health case files demonstrated evidence that if the individual was not involved with a meaningful community activity at intake, the individual's interest in becoming involved in such a program was explored. In 149 case files, however, the individual was involved in a community activity at the time of intake or it was not relevant to the individual's situation.
- Among the 200 sampled cases, 98.0 percent of behavioral health case files contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- Of the nine sampled behavioral health case files in which a history of domestic violence was reported, 0.0 percent of the sampled behavioral health case files contained a completed safety plan. Forty-six behavioral health case files contained no documentation of domestic violence issues.

- Three of the sampled behavioral health cases indicated that the member was pregnant and among these cases:
 - 33.3 percent of the behavioral health case files documented coordination of care with the primary care physician and/or obstetrician.
 - Education on the effects of substance abuse on fetal development was documented in 33.3 percent of the behavioral health case files.
- In 52 behavioral health files, the member was not pregnant.
- In eighteen of the sampled behavioral health cases the member indicated she had dependent children. Child care for dependent children was addressed in 55.6 percent of these behavioral health case files.
- Evidence of gender-specific treatment services was found in 27.5 percent of behavioral health case files. In four behavioral health case files, documentation demonstrated evidence that the individual declined gender-specific treatment services.

Measure VI—Opioid Specific

- 29.5 percent of the behavioral health case files contained documentation of a diagnosed Opioid Use Disorder (OUD).
- In 69.5 percent of the behavioral health case files of individuals diagnosed with OUD, MAT education was presented as a treatment option.
- 90.2 percent of individuals who accepted MAT as a treatment option were referred to a MAT provider.
- 95.2 percent of individuals with withdrawal symptoms were provided a referral and/or intervention with a medical provider.
- Fifty-nine of the sampled behavioral health cases indicated that the individual was diagnosed with an OUD and among these cases:
 - 44.1 percent of individuals were provided information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose.
 - 62.7 percent of individuals received education on the effects of polysubstance use with opioids.

Measure VII—Discharge and Continuing Care Planning (completed only if the individual completed treatment or declined further services)

- 58.2 percent of the sampled behavioral health case files contained evidence that a relapse prevention plan was completed.
- 79.9 percent of behavioral health case files contained documentation that the individual received information pertaining to community supports and other individualized supports.
- 85.2 percent of the behavioral health case files contained evidence of active coordination of care with other involved agencies. In 53 cases, no other agencies were involved.

Measure VIII—Re-engagement (completed only if the individual declined further services or chose not to appear for scheduled services)

- 88.6 percent of the sampled behavioral health case files contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 83.9 percent of behavioral health case files contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 27 cases, the individual was contacted by other means and a letter was not mailed.
- Other types of outreach conducted to re-engage individuals in treatment included one or more of the following:
 - Conducting a home visit, documented in 7.4 percent of behavioral health case files
 - Contacting other involved agencies, evident in 50.0 percent of behavioral health case files
 - Calling the emergency contact, documented in 12.2 percent of behavioral health case files
 - Street outreach, documented in 3.9 percent of behavioral health case files

(This page has been intentionally left blank.)

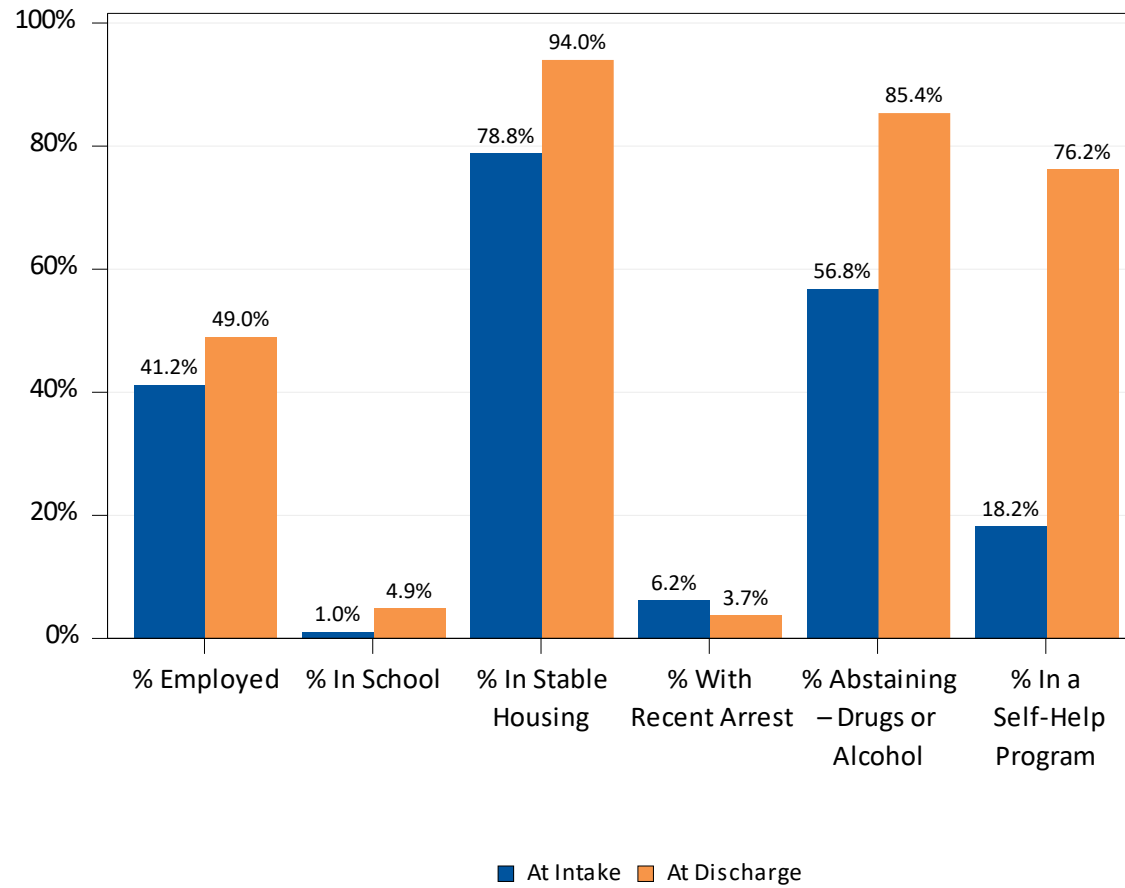
Table 2-2 and Figure 2-1 illustrate the aggregate case file review findings pertaining to Measure IX (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure in which a lower number of “Yes” responses reflects a more favorable outcome.

**Table 2-2—Aggregate Case File Review Findings for Measure IX
National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	199	82	41.2%	104	51	49.0%
B. Enrolled in school or vocational educational program?	193	2	1.0%	102	5	4.9%
C. Lived in a stable housing environment? (not homeless)	198	156	78.8%	100	94	94.0%
D. Arrested 30 days prior?	193	12	6.2%	107	4	3.7%
E. Abstinent from drugs and/or alcohol?	183	104	56.8%	82	70	85.4%
F. Participated in social support recovery 30 days prior?	132	24	18.2%	63	48	76.2%

Note: Documentation was missing for a limited number of individuals regarding whether or not selected NOM indicators were completed at program intake.

**Figure 2-1—Distribution of Measure IX
National Outcome Measures: Aggregate**



3. RBHA Case File Review Findings

Arizona Complete Health (AzCH)

Table 3-1 represents the aggregate case file review findings for the AzCH sampled behavioral health records.

Due to the denominator sizes of the individual indicators, use caution when interpreting the results. Hyphens (---) as a cell value identify instances in which a rate was not calculated because the denominator was zero for the individual indicator.

Differences in the number of indicators evaluated were due to some responses not being applicable to all sampled individuals. Data for indicators II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VIII.C (other) were collected for informational purposes and were therefore excluded from scoring. The AzCH results for Measure IX are presented in Table 3-2 and Figure 3-1.

For indicator III.A, “Best Practices”: Note that the denominator for indicator III.A includes six cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.

Table 3-1—Substance Abuse Prevention and Treatment—Arizona Complete Health

Care Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
I	Intake/Treatment Planning				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	44	44	100.0%	0
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?	44	44	100.0%	*
	2. Describe the intensity/frequency of substance use?	44	44	100.0%	*
	3. Include the effect of substance use on daily functioning?	44	42	95.5%	*
	4. Include the effect of substance use on interpersonal relationships?	44	41	93.2%	*
	5. Include a completed risk assessment?	44	42	95.5%	*
	6. Document screening for tuberculosis (TB)?	44	17	38.6%	*

Care Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	7. Document screening for Hepatitis C, HIV, and other infectious diseases?	44	22	50.0%	*
	8. Document screening for emotional and/or physical abuse/trauma issues.	44	39	88.6%	*
	B. Was there documentation that charitable choice requirements were followed?	1	1	100.0%	43
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	44	41	93.2%	0
	Was the ISP:				
	1. Developed with participation of the family/support network?	9	4	44.4%	32
	2. Congruent with the diagnosis(es) and presenting concern(s)?	41	41	100.0%	*
	3. Developed with measurable objectives and time frames to address the identified needs?	41	41	100.0%	*
	4. Developed to address the unique cultural preferences of the individual?	41	41	100.0%	*
II	Placement Criteria/Assessment				
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) Dimensions were used to determine the proper level of care at intake?	44	41	93.2%	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention	41	0	0.0%	*
	OMT: Opioid Maintenance Therapy	41	2	4.9%	*
	Level I: Outpatient Treatment	41	23	56.1%	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	41	10	24.4%	*
	Level III: Residential/Inpatient Treatment	41	6	14.6%	*
	Level IV: Medically Managed Intensive Inpatient Treatment	41	0	0.0%	*

Care Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	44	39	88.6%	*
	C. Were the American Society of Addiction Medicine (ASAM) Dimensions revised/updated during the course of treatment?	44	14	31.8%	*
	D. Were additional assessment tools utilized during the course of treatment?	44	8	18.2%	*
III	Best Practices				
	A. Were evidence-based practices used in treatment? <i>Note that the denominator for indicator III.A includes six cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.</i>	44	38	86.4%	*
	1. The following evidence-based practices were used in treatment:				
	Adolescent Community Reinforcement Approach (A-CRA)	38	0	0.0%	*
	Beyond Trauma: A Healing Journey for Women	38	0	0.0%	*
	Cognitive Behavioral Therapy (CBT)	38	15	39.5%	*
	Contingency Management	38	2	5.3%	*
	Dialectical Behavioral Therapy (DBT)	38	0	0.0%	*
	Helping Women Recover	38	0	0.0%	*
	Matrix	38	15	39.5%	*
	Moral Reconciliation Therapy (MRT)	38	4	10.5%	*
	Motivational Enhancement/Interviewing Therapy (MET/MI)	38	7	18.4%	*
	Relapse Prevention Therapy (RPT)	38	14	36.8%	*
	Seeking Safety	38	1	2.6%	*
	SMART Recovery	38	4	10.5%	*

Care Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	Thinking for a Change	38	1	2.6%	*
	Trauma Recovery and Empowerment Model (TREM)	38	0	0.0%	*
	Trauma-Informed Care (TIC)	38	0	0.0%	*
	Wellness Recovery Action Plan (WRAP)	38	5	13.2%	*
	Other	38	2	5.3%	*
	B. Medication-assisted treatment	44	5	11.4%	*
	1. The following medication was used in treatment:				
	• <u>Alcohol-related</u>				
	Acamprosate (Campral)	5	0	0.0%	*
	Disulfiram (Antabuse)	5	0	0.0%	*
	• <u>Opioid-related</u>				
	Buprenorphine/Subutex	5	0	0.0%	*
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)	5	3	60.0%	*
	Naloxone	5	1	20.0%	*
	Naltrexone; long-acting injectable (Vivitrol)	5	0	0.0%	*
	Suboxone	5	2	40.0%	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	44	26	59.1%	*
	D. Were peer support services offered as part of the treatment continuum?	42	25	59.5%	2
	E. Were peer support services used as part of the treatment continuum?	25	18	72.0%	*
IV	Treatment/Support Services/Rehabilitation Services				
	A. The following services were used in treatment:				
	Individual counseling/therapy	44	34	77.3%	*
	Group counseling/therapy	44	34	77.3%	*
	Family counseling/therapy	44	0	0.0%	*
	Case management	44	42	95.5%	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	42	38	90.5%	2

Care Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	C. The number of completed counseling/therapy sessions during treatment was:				
	0–5 sessions	44	15	34.1%	*
	6–10 sessions	44	11	25.0%	*
	11 sessions or more	44	18	40.9%	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:				
	No documentation	44	36	81.8%	*
	0 times during treatment	44	32	72.7%	*
	1–4 times during treatment	44	1	2.3%	*
	5–12 times during treatment	44	1	2.3%	*
	13–20 times during treatment	44	0	0.0%	*
	21 or more times during treatment	44	5	11.4%	*
	E. If there was evidence of lack of progress toward the identified goal, did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?	19	12	63.2%	25
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?	21	16	76.2%	23
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual’s interest in becoming involved in such a program was explored?	29	19	65.5%	15
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual’s interest in such an activity was explored?	17	8	47.1%	27
	I. Does the documentation reflect that substance abuse services were provided?	44	42	95.5%	*

Care Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
V	Gender Specific (female only)				
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	0	0	---	4
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?	0	0	---	4
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?	0	0	---	4
	D. If the female had a child less than 1 year of age, was there evidence that screening was completed for postpartum depression/psychosis?	0	0	---	4
	E. If the female had dependent children, was there documentation to show that child care was addressed?	0	0	---	4
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	4	2	50.0%	0
VI	Opioid Specific				
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	44	9	20.5%	*
	B. Was there documentation that the member was provided Medication-Assisted Treatment (MAT) education as a treatment option?	9	5	55.6%	*
	C. If yes to VI B, were they referred to a MAT provider?	5	5	100.0%	0
	D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	2	2	100.0%	7
	E. If a physical health concern was identified, were alternative pain management options addressed?	0	0	---	9

Care Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	F. If member is a pregnant female, did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?	0	0	---	9
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose?	9	4	44.4%	*
	H. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	9	6	66.7%	*
VII	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)				
	A. Was there documentation present that a relapse prevention plan was completed?	31	16	51.6%	*
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help and/or other individualized support services?	31	21	67.7%	*
	C. Was there documentation that staff activity coordinated with other involved agencies at the time of discharge?	24	19	79.2%	7
VIII	Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)				
	The following efforts were documented:				
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	25	19	76.0%	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	18	13	72.2%	7
	C. Were other attempts made to re-engage the individual, such as:				

Care Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	Home visit	17	4	23.5%	8
	Call emergency contact(s)	16	1	6.3%	9
	Contacting other involved agencies	15	8	53.3%	10
	Street outreach	9	2	22.2%	16
	Other	10	0	0.0%	15

Note: An asterisk (*) represents a standard for which the “NA” response was not an option.

Measure I—Intake/Treatment Planning

Initial Behavioral Health Assessment

- 100.0 percent of the sampled behavioral health case files contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual’s initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial behavioral health assessment (I A1–8) ranged from 38.6 percent to 100.0 percent.
- 38.6 percent of the behavioral health assessments contained documentation of screening for tuberculosis; 50.0 percent of the behavioral health assessments also reflected screenings for Hepatitis C, HIV, and other infectious diseases.
- 100.0 percent of the sampled behavioral health assessments addressed the substance-related disorder(s). 100.0 percent of the behavioral health assessments described the intensity/frequency of substance use.
- Charitable choice requirements did not apply in 43 cases.

Individual Service Plan (ISP)

- 93.2 percent of the sampled behavioral health case files contained evidence that an ISP was completed within the required time frame of 90 days from the individual’s initial appointment.
- 100.0 percent of the behavioral health case files contained evidence that the ISP was congruent with the individual’s diagnosis(es) and presenting concern(s).
- 44.4 percent of the behavioral health case files contained evidence that the ISP was developed with the participation of the family/support network. In 32 cases, there was no family/support network or the individual declined to include others in the service planning process.

Measure II—Placement Criteria/Assessment

- 93.2 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.

- 88.6 percent of behavioral health case files contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 31.8 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were revised/updated during treatment. In 18.2 percent of the sampled behavioral health case files, additional assessment tools were used during treatment.

Measure III—Best Practices

- 86.4 percent of sampled behavioral health behavioral health case files contained documentation that evidence-based practices were used in treatment. Six behavioral health case files lacked sufficient documentation to determine whether evidence-based practices were used. Cognitive Behavioral Therapy (CBT) and the Matrix Model were used in 39.5 percent of the sampled behavioral health case files. Relapse Prevention Therapy (RPT) was used in 36.8 percent of the sampled behavioral health case files. The reviewers could select more than one response for Question III.A.1.
- Medication-Assisted Treatment (MAT) was documented in 11.4 percent of the behavioral health case files. Of the five individuals who received MAT, three were prescribed methadone/ Levo-Alpha-Acetylmethadol (LAAM). Two individuals were treated with Suboxone.
- 59.1 percent of sampled behavioral health case files contained documentation that screening for substance use/abuse was conducted during the course of treatment.
- 59.5 percent of sampled behavioral health case files contained evidence that peer support was offered as treatment. Two behavioral health case files contained documentation that peer support was declined by the individual. Of the 25 individuals who were offered peer support services, 72.0 percent used the service.

Measure IV—Treatment/Support Services/Rehabilitation Services

- Documentation in the sampled behavioral health case files contained evidence that 95.5 percent of individuals received case management services, 77.3 percent received group counseling/therapy, 77.3 percent received individual counseling/therapy, and 0.0 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 90.5 percent of behavioral health case files contained documentation of progress or lack of progress toward the identified ISP goals. Two records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 40.9 percent of the behavioral health case files contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 25.0 percent completed six to 10 sessions, and 34.1 percent completed zero to five sessions.
- 81.8 percent of behavioral health case files did not contain documentation regarding the number of self-help or recovery group sessions completed during treatment.
- If there was evidence of a lack of progress toward the identified goal, in 63.2 percent of the sampled behavioral health case files, there was documentation that the provider revised the treatment approach and/or sought consultation to facilitate improvement.

- 76.2 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.
- 65.5 percent of behavioral health case files demonstrated evidence that if the individual was not participating in an educational or vocational training program at intake, the individual's interest in participating in such a program was explored.
- 47.1 percent of behavioral health case files demonstrated evidence that if the individual was not involved with a meaningful community activity at intake, the individual's interest in becoming involved in such a program was explored.
- Among the 200 sampled cases, 95.5 percent of behavioral health case files contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- There were no cases with a history of domestic violence in the sampled behavioral health cases.
- There were no pregnant women in the sampled behavioral health cases.
- Evidence of gender-specific treatment services was found in 50.0 percent of behavioral health case files.

Measure VI—Opioid Specific

- 20.5 percent of the behavioral health case files contained documentation of a diagnosed Opioid Use Disorder (OUD).
- In 55.6 percent of the behavioral health case files of individuals diagnosed with OUD, MAT education was presented as a treatment option.
- 100.0 percent of individuals who accepted MAT as a treatment option were referred to a MAT provider.
- 100.0 percent of individuals with withdrawal symptoms were provided a referral and/or intervention with a medical provider.
- Nine of the sampled behavioral health cases indicated that the individual was diagnosed with an OUD and among these cases:
 - 44.4 percent of individuals were provided information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose.
 - 66.7 percent of individuals received education on the effects of polysubstance use with opioids.

Measure VII—Discharge and Continuing Care Planning (completed only if the individual completed treatment or declined further services)

- 51.6 percent of the sampled behavioral health case files contained evidence that a relapse prevention plan was completed.
- 67.7 percent of behavioral health case files contained documentation that the individual received information pertaining to community supports and other individualized supports.

- 79.2 percent of the behavioral health case files contained evidence of active coordination of care with other involved agencies. In seven cases, no other agencies were involved.

Measure VIII—Re-engagement (completed only if the individual declined further services or chose not to appear for scheduled services)

- 76.0 percent of the sampled behavioral health case files contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 72.2 percent of behavioral health case files contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In seven cases, the individual was contacted by other means and a letter was not mailed.
- Other types of outreach conducted to re-engage individuals in treatment included one or more of the following:
 - Conducting a home visit, documented in 23.5 percent of behavioral health case files
 - Contacting other involved agencies, evident in 53.3 percent of behavioral health case files
 - Calling the emergency contact, documented in 6.3 percent of behavioral health case files
 - Street outreach, documented in 22.2 percent of behavioral health case files

(This page has been intentionally left blank.)

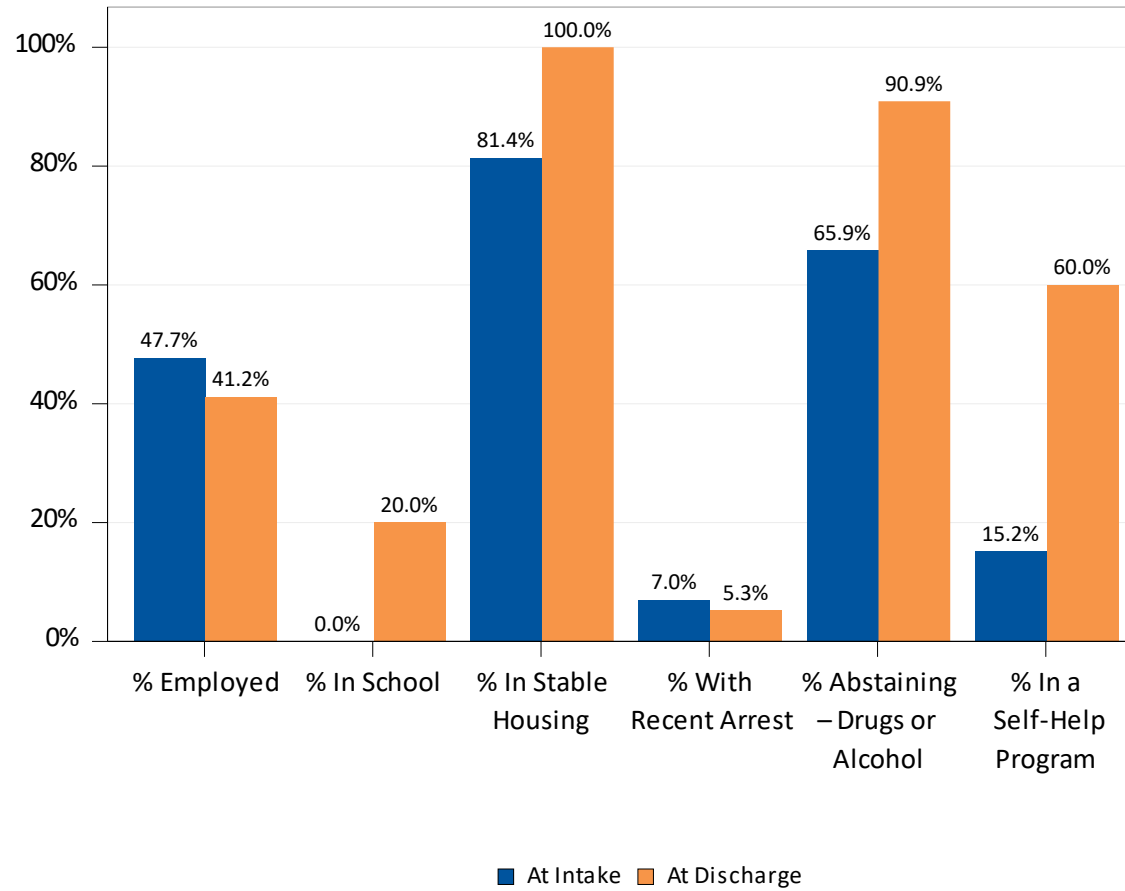
Table 3-2 and Figure 3-1 illustrate the AzCH case file review findings pertaining to Measure IX (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure in which a lower number of “Yes” responses reflects a more favorable outcome.

**Table 3-2—Arizona Complete Health Case File Review Findings for Measure IX
National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	44	21	47.7%	17	7	41.2%
B. Enrolled in school or vocational educational program?	43	0	0.0%	15	3	20.0%
C. Lived in a stable housing environment? (not homeless)	43	35	81.4%	16	16	100.0%
D. Arrested 30 days prior?	43	3	7.0%	19	1	5.3%
E. Abstinent from drugs and/or alcohol?	41	27	65.9%	11	10	90.9%
F. Participated in social support recovery 30 days prior?	33	5	15.2%	10	6	60.0%

Note: Documentation was missing for up to 11 individuals regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-1—Distribution of Measure IX
National Outcome Measures: Arizona Complete Health**



Health Choice (HC)

Table 3-3 represents the aggregate case file review findings for the HC sampled behavioral health records.

Due to the denominator sizes of the individual indicators, use caution when interpreting the results. Hyphens (---) as a cell value identify instances in which a rate was not calculated because the denominator was zero for the individual indicator.

Differences in the number of indicators evaluated were due to some responses not being applicable to all sampled individuals. Data for indicators II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VIII.C (other) were collected for informational purposes and were therefore excluded from scoring. The HC results for Measure IX are presented in Table 3-4 and Figure 3-2.

For indicator III.A, “Best Practices”: Note that the denominator for indicator III.A includes 12 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.

Table 3-3—Substance Abuse Prevention and Treatment—Health Choice

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
I	Intake/Treatment Planning				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	34	33	97.1%	0
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?	33	33	100.0%	*
	2. Describe the intensity/frequency of substance use?	33	33	100.0%	*
	3. Include the effect of substance use on daily functioning?	33	33	100.0%	*
	4. Include the effect of substance use on interpersonal relationships?	33	32	97.0%	*
	5. Include a completed risk assessment?	33	33	100.0%	*
	6. Document screening for tuberculosis (TB)?	33	11	33.3%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	7. Document screening for Hepatitis C, HIV, and other infectious diseases?	33	20	60.6%	*
	8. Document screening for emotional and/or physical abuse/trauma issues.	33	31	93.9%	*
	B. Was there documentation that charitable choice requirements were followed?	1	1	100.0%	33
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	33	29	87.9%	1
	Was the ISP:				
	1. Developed with participation of the family/support network?	3	3	100.0%	26
	2. Congruent with the diagnosis(es) and presenting concern(s)?	29	29	100.0%	*
	3. Developed with measurable objectives and time frames to address the identified needs?	29	29	100.0%	*
	4. Developed to address the unique cultural preferences of the individual?	29	29	100.0%	*
II	Placement Criteria/Assessment				
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) Dimensions were used to determine the proper level of care at intake?	34	32	94.1%	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention	32	1	3.1%	*
	OMT: Opioid Maintenance Therapy	32	0	0.0%	*
	Level I: Outpatient Treatment	32	15	46.9%	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	32	8	25.0%	*
	Level III: Residential/Inpatient Treatment	32	8	25.0%	*
	Level IV: Medically Managed Intensive Inpatient Treatment	32	0	0.0%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	34	24	70.6%	*
	C. Were the American Society of Addiction Medicine (ASAM) Dimensions revised/updated during the course of treatment?	34	6	17.6%	*
	D. Were additional assessment tools utilized during the course of treatment?	34	0	0.0%	*
III	Best Practice				
	A. Were evidence-based practices used in treatment? <i>Note that the denominator for indicator III.A includes 12 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.</i>	34	22	64.7%	*
	1. The following evidence-based practices were used in treatment:				
	Adolescent Community Reinforcement Approach (A-CRA)	22	0	0.0%	*
	Beyond Trauma: A Healing Journey for Women	22	0	0.0%	*
	Cognitive Behavioral Therapy (CBT)	22	17	77.3%	*
	Contingency management	22	1	4.5%	*
	Dialectical Behavioral Therapy (DBT)	22	0	0.0%	*
	Helping Women Recover	22	0	0.0%	*
	Matrix	22	3	13.6%	*
	Moral Reconciliation Therapy (MRT)	22	0	0.0%	*
	Motivational Enhancement/Interviewing Therapy (MET/MI)	22	12	54.5%	*
	Relapse Prevention Therapy (RPT)	22	3	13.6%	*
	Seeking Safety	22	0	0.0%	*
	SMART Recovery	22	1	4.5%	*
	Thinking for a Change	22	0	0.0%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	Trauma Recovery and Empowerment Model (TREM)	22	0	0.0%	*
	Trauma-Informed Care (TIC)	22	0	0.0%	*
	Wellness Recovery Action Plan (WRAP)	22	0	0.0%	*
	Other	22	0	0.0%	*
	B. Medication-assisted treatment	34	7	20.6%	*
	1. The following medication was used in treatment:				
	• <u>Alcohol-related</u>				
	Acamprosate (Campral)	7	0	0.0%	*
	Disulfiram (Antabuse)	7	0	0.0%	*
	• <u>Opioid-related</u>				
	Buprenorphine/Subutex	7	0	0.0%	*
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)	7	1	14.3%	*
	Naloxone	7	0	0.0%	*
	Naltrexone; long-acting injectable (Vivitrol)	7	4	57.1%	*
	Suboxone	7	2	28.6%	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	34	9	26.5%	*
	D. Were peer support services offered as part of the treatment continuum?	14	5	35.7%	20
	E. Were peer support services used as part of the treatment continuum?	5	4	80.0%	*
IV	Treatment/Support Services/Rehabilitation Services				
	A. The following services were used in treatment:				
	Individual counseling/therapy	34	32	94.1%	*
	Group counseling/therapy	34	21	61.8%	*
	Family counseling/therapy	34	2	5.9%	*
	Case management	34	30	88.2%	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	28	26	92.9%	6
	C. The number of completed counseling/therapy sessions during treatment was:				
	0–5 sessions	34	17	50.0%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	6–10 sessions	34	5	14.7%	*
	11 sessions or more	34	12	35.3%	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:				
	No documentation	34	26	76.5%	*
	0 times during treatment	34	9	26.5%	*
	1–4 times during treatment	34	3	8.8%	*
	5–12 times during treatment	34	0	0.0%	*
	13–20 times during treatment	34	0	0.0%	*
	21 or more times during treatment	34	3	8.8%	*
	E. If there was evidence of lack of progress toward the identified goal, did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?	9	8	88.9%	25
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?	20	18	90.0%	14
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual’s interest in becoming involved in such a program was explored?	19	11	57.9%	15
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual’s interest in such an activity was explored?	8	2	25.0%	26
	I. Does the documentation reflect that substance abuse services were provided?	34	33	97.1%	*
V	Gender Specific (female only)				
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	0	0	---	14

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?	0	0	---	14
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?	0	0	---	14
	D. If the female had a child less than 1 year of age, was there evidence that screening was completed for postpartum depression/psychosis?	0	0	---	14
	E. If the female had dependent children, was there documentation to show that child care was addressed?	3	1	33.3%	11
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	13	0	0.0%	1
VI	Opioid Specific				
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	34	8	23.5%	*
	B. Was there documentation that the member was provided Medication-Assisted Treatment (MAT) education as a treatment option?	8	5	62.5%	*
	C. If yes to VI B, were they referred to a MAT provider?	5	5	100.0%	0
	D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	4	4	100.0%	4
	E. If a physical health concern was identified, were alternative pain management options addressed?	3	3	100.0%	5
	F. If member is a pregnant female, did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?	1	0	0.0%	7

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose?	8	1	12.5%	*
	H. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	8	5	62.5%	*
VII	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)				
	A. Was there documentation present that a relapse prevention plan was completed?	20	11	55.0%	*
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help and/or other individualized support services?	20	15	75.0%	*
	C. Was there documentation that staff activity coordinated with other involved agencies at the time of discharge?	9	9	100.0%	11
VIII	Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)				
	The following efforts were documented:				
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	23	22	95.7%	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	16	14	87.5%	7
	C. Were other attempts made to re-engage the individual, such as:				
	Home visit	9	2	22.2%	14
	Call emergency contact(s)	6	3	50.0%	17
	Contacting other involved agencies	10	6	60.0%	13
	Street outreach	3	0	0.0%	20
	Other	2	0	0.0%	21

Note: An asterisk (*) represents a standard for which the “NA” response was not an option.

Measure I—Intake/Treatment Planning

Initial Behavioral Health Assessment

- 97.1 percent of the sampled behavioral health case files contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual's initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial behavioral health assessment (I A.1–8) ranged from 33.3 percent to 100.0 percent.
- 33.3 percent of the behavioral health assessments contained documentation of screening for tuberculosis; 60.6 percent of the behavioral health assessments also reflected screenings for Hepatitis C, HIV, and other infectious diseases.
- 100.0 percent of the sampled behavioral health case files addressed the substance-related disorder(s). 100.0 percent of the behavioral health assessments described the intensity/frequency of substance use.
- Charitable choice requirements did not apply in 33 cases.

Individual Service Plan (ISP)

- 87.9 percent of the sampled behavioral health case files contained evidence that an ISP was completed within the required time frame of 90 days from the individual's initial appointment.
- 100.0 percent of the behavioral health case files contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 100.0 percent of the behavioral health case files contained evidence that the ISP was developed with the participation of the family/support network. In 26 cases, there was no family/support network or the individual declined to include others in the service planning process.

Measure II—Placement Criteria

- 94.1 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- 70.6 percent of behavioral health case files contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 17.6 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were revised/updated during treatment.
- In the 34 sampled behavioral health case files, additional assessment tools were not used during the course of treatment.

Measure III—Best Practices

- 64.7 percent of sampled behavioral health case files contained documentation that evidence-based practices were used in treatment. Twelve behavioral health records lacked sufficient documentation to determine whether evidence-based practices were used. Cognitive Behavioral Therapy (CBT) was used in 77.3 percent of the sampled behavioral health case files.

Motivational Enhancement/Interviewing Therapy (MET/MI) was used in 54.5 percent of the sampled behavioral health case files. The reviewers could select more than one response for Question III.A.1.

- Medication-Assisted Treatment (MAT) was documented in 20.6 percent of the behavioral health case files. 26.5 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during treatment.
- 35.7 percent of sampled behavioral health case files contained evidence that peer support was offered as treatment. Twenty behavioral health case files contained documentation that peer support was declined by the individual. Of the five individuals who were offered peer support services, 80.0 percent used the service.

Measure IV—Treatment/Support Services/Rehabilitation Services

- Documentation in the sampled behavioral health records contained evidence that 88.2 percent of individuals received case management services, 94.1 percent received individual counseling/therapy, 61.8 percent received group counseling/therapy, and 5.9 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 92.9 percent of behavioral health case files contained documentation of progress or lack of progress toward the identified ISP goals. Six records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 35.3 percent of the behavioral health case files contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 14.7 percent completed six to 10 sessions, and 50.0 percent completed zero to five sessions.
- 76.5 percent of behavioral health case files did not contain documentation regarding the number of self-help or recovery group sessions completed during the course of treatment.
- If there was evidence of a lack of progress toward the identified goal, in 88.9 percent of the sampled behavioral health case files, there was documentation that the provider revised the treatment approach and/or sought consultation to facilitate improvement. In 25 cases, symptomatic improvement was documented in the behavioral health case file.
- If the individual was unemployed at intake, 90.0 percent of behavioral health case files demonstrated evidence that the individual's interest in finding employment was explored. Fourteen of the individuals were employed at intake or employment was not relevant to the individual's situation.
- 57.9 percent of behavioral health case files demonstrated evidence that if the individual was not participating in an educational or vocational training program, the individual's interest in participating in such a program was explored. Fifteen individuals were involved in an educational or vocational training program at the time of intake or it was not relevant to the individual's situation (e.g., the individual was employed).
- 25.0 percent of the behavioral health case files demonstrated evidence that if the individual was not involved with a meaningful community activity, the individual's interest in such an activity was explored. Community activity was not relevant for 26 individuals (e.g., they were employed or engaged in a vocational program).

- Among the 200 sampled cases, 97.1 percent of the behavioral health case files contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- There were no cases with a history of domestic violence in the sampled behavioral health cases, as 14 behavioral health case files contained no documentation of domestic violence issues.
- There were no pregnant women in the sampled behavioral health cases.
- Evidence of gender-specific treatment services was not found in the behavioral health case files. One individual declined the gender-specific services.

Measure VI—Opioid Specific

- 23.5 percent of the behavioral health case files contained documentation of a diagnosed Opioid Use Disorder (OUD).
- In 62.5 percent of the behavioral health case files of individuals diagnosed with OUD, MAT education was presented as a treatment option.
- 100.0 percent of individuals who accepted MAT as a treatment option were referred to a MAT provider.
- 100.0 percent of individuals with withdrawal symptoms were provided a referral and/or intervention with a medical provider. Four individuals had no documentation of withdrawal symptoms.
- Eight of the sampled behavioral health cases indicated that the individual was diagnosed with an OUD and among these cases:
 - 12.5 percent of individuals were provided information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose.
 - 62.5 percent of individuals received education on the effects of polysubstance use with opioids.

Measure VII—Discharge and Continuing Care Planning (completed only if the individual completed treatment or declined further services)

- 55.0 percent of the sampled behavioral health case files contained evidence that a relapse prevention plan was completed.
- 75.0 percent of behavioral health case files contained documentation that the individual received information pertaining to community supports and other individualized supports.
- 100.0 percent of the behavioral health case files contained evidence of active coordination of care with other involved agencies. In eleven cases, no other agencies were involved.

Measure VIII—Re-engagement (completed only if the individual declined further services or chose not to appear for scheduled services)

- 95.7 percent of the sampled behavioral health case files contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 87.5 percent of behavioral health case files contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In seven cases, the individual was contacted by other means and a letter was not mailed.
- Other types of outreach conducted to re-engage individuals in treatment included one or more of the following:
 - Conducting a home visit, documented in 22.2 percent of behavioral health case files
 - Contacting other involved agencies, evident in 60.0 percent of behavioral health case files
 - Calling the emergency contact, documented in 50.0 percent of behavioral health case files

(This page has been intentionally left blank.)

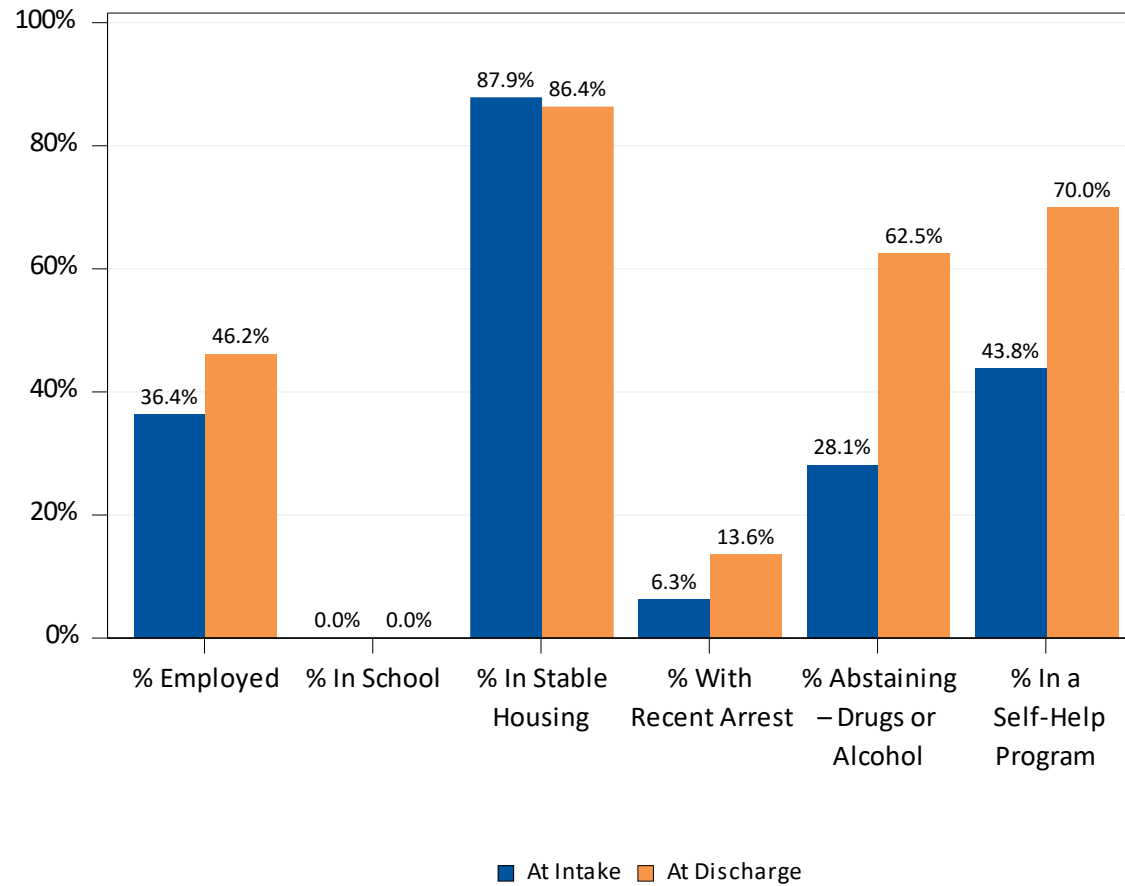
Table 3-4 and Figure 3-2 illustrate the HC case file review findings pertaining to Measure IX (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure in which a lower number of “Yes” responses reflects a more favorable outcome.

**Table 3-4—Health Choice Case File Review Findings for Measure IX
National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	33	12	36.4%	26	12	46.2%
B. Enrolled in school or vocational educational program?	32	0	0.0%	24	0	0.0%
C. Lived in a stable housing environment? (not homeless)	33	29	87.9%	22	19	86.4%
D. Arrested 30 days prior?	32	2	6.3%	22	3	13.6%
E. Abstinent from drugs and/or alcohol?	32	9	28.1%	16	10	62.5%
F. Participated in social support recovery 30 days prior?	16	7	43.8%	10	7	70.0%

Note: Documentation was missing for up to 18 individuals regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-2—Distribution of Measure IX
National Outcome Measures: Health Choice**



Mercy Care (MC)

Table 3-5 represents the aggregate case file review findings for the MC sampled behavioral health records.

Due to the denominator sizes of the individual indicators, use caution when interpreting the results. Hyphens (---) as a cell value identify instances in which a rate was not calculated because the denominator was zero for the individual indicator.

Differences in the number of indicators evaluated were due to some responses not being applicable to all sampled individuals. Data for indicators II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VIII.C (other) were collected for informational purposes and were therefore excluded from scoring. The MC results for Measure IX are presented in Table 3-6 and Figure 3-3.

For indicator III.A, “Best Practices”: Note that the denominator for indicator III.A includes 25 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.

Table 3-5—Substance Abuse Prevention and Treatment—Mercy Care

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
I	Intake/Treatment Planning				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	122	122	100.0%	0
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?	122	122	100.0%	*
	2. Describe the intensity/frequency of substance use?	122	121	99.2%	*
	3. Include the effect of substance use on daily functioning?	122	117	95.9%	*
	4. Include the effect of substance use on interpersonal relationships?	122	108	88.5%	*
	5. Include a completed risk assessment?	122	121	99.2%	*
	6. Document screening for tuberculosis (TB)?	122	56	45.9%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	7. Document screening for Hepatitis C, HIV, and other infectious diseases?	122	72	59.0%	*
	8. Document screening for emotional and/or physical abuse/trauma issues.	122	118	96.7%	*
	B. Was there documentation that charitable choice requirements were followed?	5	2	40.0%	117
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	122	120	98.4%	0
	Was the ISP:				
	1. Developed with participation of the family/support network?	12	9	75.0%	108
	2. Congruent with the diagnosis(es) and presenting concern(s)?	120	120	100.0%	*
	3. Developed with measurable objectives and time frames to address the identified needs?	120	119	99.2%	*
	4. Developed to address the unique cultural preferences of the individual?	120	115	95.8%	*
II	Placement Criteria/Assessment				
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) Dimensions were used to determine the proper level of care at intake?	122	117	95.9%	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention	117	0	0.0%	*
	OMT: Opioid Maintenance Therapy	117	6	5.1%	*
	Level I: Outpatient Treatment	117	55	47.0%	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	117	17	14.5%	*
	Level III: Residential/Inpatient Treatment	117	37	31.6%	*
	Level IV: Medically Managed Intensive Inpatient Treatment	117	2	1.7%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	122	105	86.1%	*
	C. Were the American Society of Addiction Medicine (ASAM) Dimensions revised/updated during the course of treatment?	122	46	37.7%	*
	D. Were additional assessment tools utilized during the course of treatment?	122	42	34.4%	*
III	Best Practices				
	A. Were evidence-based practices used in treatment? <i>Note that the denominator for indicator III.A includes 25 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.</i>	122	97	79.5%	*
	1. The following evidence-based practices were used in treatment:				
	Adolescent Community Reinforcement Approach (A-CRA)	97	0	0.0%	*
	Beyond Trauma: A Healing Journey for Women	97	1	1.0%	*
	Cognitive Behavioral Therapy (CBT)	97	74	76.3%	*
	Contingency management	97	2	2.1%	*
	Dialectical Behavioral Therapy (DBT)	97	6	6.2%	*
	Helping Women Recover	97	6	6.2%	*
	Matrix	97	12	12.4%	*
	Moral Reconciliation Therapy (MRT)	97	1	1.0%	*
	Motivational Enhancement/Interviewing Therapy (MET/MI)	97	31	32.0%	*
	Relapse Prevention Therapy (RPT)	97	35	36.1%	*
	Seeking Safety	97	1	1.0%	*
	SMART Recovery	97	21	21.6%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	Thinking for a Change	97	0	0.0%	*
	Trauma Recovery and Empowerment Model (TREM)	97	0	0.0%	*
	Trauma-Informed Care (TIC)	97	4	4.1%	*
	Wellness Recovery Action Plan (WRAP)	97	1	1.0%	*
	Other	97	7	7.2%	*
	B. Medication-assisted treatment	122	34	27.9%	*
	1. The following medication was used in treatment:				
	• <u>Alcohol-related</u>				
	Acamprosate (Campral)	34	1	2.9%	*
	Disulfiram (Antabuse)	34	0	0.0%	*
	• <u>Opioid-related</u>				
	Buprenorphine/Subutex	34	2	5.9%	*
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)	34	25	73.5%	*
	Naloxone	34	1	2.9%	*
	Naltrexone; long-acting injectable (Vivitrol)	34	1	2.9%	*
	Suboxone	34	6	17.6%	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	122	71	58.2%	*
	D. Were peer support services offered as part of the treatment continuum?	109	52	47.7%	13
	E. Were peer support services used as part of the treatment continuum?	52	45	86.5%	*
IV	Treatment/Support Services/Rehabilitation Services				
	A. The following services were used in treatment:				
	Individual counseling/therapy	122	97	79.5%	*
	Group counseling/therapy	122	95	77.9%	*
	Family counseling/therapy	122	0	0.0%	*
	Case management	122	114	93.4%	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	117	116	99.1%	5
	C. The number of completed counseling/therapy sessions during treatment was:				

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	0–5 sessions	122	35	28.7%	*
	6–10 sessions	122	13	10.7%	*
	11 sessions or more	122	74	60.7%	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:				
	No documentation	122	79	64.8%	*
	0 times during treatment	122	61	50.0%	*
	1–4 times during treatment	122	7	5.7%	*
	5–12 times during treatment	122	1	0.8%	*
	13–20 times during treatment	122	10	8.2%	*
	21 or more times during treatment	122	22	18.0%	*
	E. If there was evidence of lack of progress toward the identified goal, did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?	51	34	66.7%	71
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?	67	57	85.1%	55
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual’s interest in becoming involved in such a program was explored?	75	49	65.3%	47
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual’s interest in such an activity was explored?	26	9	34.6%	96
	I. Does the documentation reflect that substance abuse services were provided?	122	121	99.2%	*
V	Gender Specific (female only)				

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	9	0	0.0%	28
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?	3	1	33.3%	34
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?	3	1	33.3%	34
	D. If the female had a child less than 1 year of age, was there evidence that screening was completed for postpartum depression/psychosis?	4	2	50.0%	33
	E. If the female had dependent children, was there documentation to show that child care was addressed?	15	9	60.0%	22
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	34	12	35.3%	3
VI	Opioid Specific				
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	122	42	34.4%	*
	B. Was there documentation that the member was provided Medication-Assisted Treatment (MAT) education as a treatment option?	42	31	73.8%	*
	C. If yes to VI B, were they referred to a MAT provider?	31	27	87.1%	0
	D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	15	14	93.3%	27
	E. If a physical health concern was identified, were alternative pain management options addressed?	5	4	80.0%	37

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
	F. If member is a pregnant female, did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?	2	2	100.0%	40
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose?	42	21	50.0%	*
	H. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	42	26	61.9%	*
VII	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)				
	A. Was there documentation present that a relapse prevention plan was completed?	83	51	61.4%	*
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help and/or other individualized support services?	83	71	85.5%	*
	C. Was there documentation that staff activity coordinated with other involved agencies at the time of discharge?	48	41	85.4%	35
VIII	Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)				
The following efforts were documented:					
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	66	60	90.9%	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	53	46	86.8%	13

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	# of YES	% of YES	# of NA
C. Were other attempts made to re-engage the individual, such as:					
	Home visit	55	0	0.0%	11
	Call emergency contact(s)	52	5	9.6%	14
	Contacting other involved agencies	43	20	46.5%	23
	Street outreach	39	0	0.0%	27
	Other	23	0	0.0%	43

Note: An asterisk (*) represents a standard for which the “NA” response was not an option.

Measure I—Intake/Treatment Planning

Initial Behavioral Health Assessment

- 100.0 percent of the sampled behavioral health case files contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual’s initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial behavioral health assessment (I A.1–8) ranged from 45.9 percent to 100.0 percent.
- 45.9 percent of the behavioral health assessments contained documentation of screening for tuberculosis; 59.0 percent of the behavioral health assessments also reflected screenings for Hepatitis C, HIV, and other infectious diseases.
- 100.0 percent of the sampled behavioral health assessments addressed the substance-related disorder(s). 99.2 percent of the behavioral health assessments described the intensity/frequency of substance use.
- Charitable choice requirements did not apply in 117 cases.

Individual Service Plan (ISP)

- 98.4 percent of the sampled behavioral health case files contained evidence that an ISP was completed within the required time frame of 90 days from the individual’s initial appointment.
- 100.0 percent of the behavioral health case files contained evidence that the ISP was congruent with the individual’s diagnosis(es) and presenting concern(s).
- 75.0 percent of the behavioral health case files contained evidence that the ISP was developed with the participation of the family/support network. In 108 cases, there was no family/support network or the individual declined to include others in the service planning process.

Measure II—Placement Criteria

- 95.9 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.

- 86.1 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 37.7 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were revised/updated during treatment.
- In 34.4 percent of the sampled behavioral health case files, additional assessment tools were used during the course of treatment.

Measure III—Best Practices

- 79.5 percent of sampled behavioral health case files contained documentation that evidence-based practices were used in treatment. Twenty-five behavioral health case files lacked sufficient documentation to determine whether evidence-based practices were used. Cognitive Behavioral Therapy (CBT) was used in 76.3 percent of the sampled behavioral health case files. Relapse Prevention Therapy (RPT) was used in 36.1 percent of the sampled behavioral health case files. The reviewers could select more than one response for Question III.A.1.
- Medication-Assisted Treatment (MAT) was documented in 27.9 percent of the sampled behavioral health case files.
- 58.2 percent of sampled behavioral health case files contained evidence that screening for substance use/abuse was conducted during treatment.
- 47.7 percent of sampled behavioral health case files contained evidence that peer support was offered as treatment. Thirteen behavioral health case files contained documentation that peer support was declined by the individual. Of the remaining 52 individuals who were offered peer support services, 86.5 percent used the services.

Measure IV—Treatment/Support Services/Rehabilitation Services

- Documentation in the sampled behavioral health case files contained evidence that 93.4 percent of individuals received case management services, 79.5 percent received individual counseling/therapy, 77.9 percent received group counseling/therapy, and 0.0 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 99.1 percent of behavioral health case files contained documentation of progress or lack of progress toward the identified ISP goals. Five behavioral health case files had no ISP present or contained documentation that services were recent and there was no change in progress.
- 60.7 percent of the behavioral health case files records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 10.7 percent completed six to 10 sessions, and 28.7 percent completed zero to five sessions.
- 64.8 percent of behavioral health case files did not contain documentation regarding the number of self-help or recovery group sessions completed during the course of treatment.
- If there was evidence of a lack of progress toward the identified goal, in 66.7 percent of the sampled behavioral health case files, there was documentation that the provider revised the treatment approach and/or sought consultation to facilitate improvement. In 71 cases, symptomatic improvement was documented.

- If the individual was unemployed at intake, 85.1 percent of records demonstrated evidence that the individual's interest in finding employment was explored. In 55 behavioral health case files, however, the individual was employed at intake or employment was not relevant to the individual's situation.
- 65.3 percent of behavioral health case files demonstrated evidence that if the individual was not participating in an educational or vocational training program, the individual's interest in participating in such a program was explored.
- 34.6 percent of the behavioral health case files demonstrated evidence that if the individual was not involved with a meaningful community activity, the individual's interest in such an activity was explored.
- Among the 200 sampled cases, 99.2 percent of the behavioral health case files contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- Of the nine sampled behavioral health case files in which a history of domestic violence was reported, 0.0 percent of the sampled behavioral health records contained a completed safety plan. Twenty-eight behavioral health case files contained no evidence of domestic violence issues.
- Three of the sampled behavioral health cases indicated that the individual was pregnant and among these cases:
 - 33.3 percent of the behavioral health case files documented coordination of care with the primary care physician and/or obstetrician.
 - Education on the effects of substance abuse on fetal development was documented in 33.3 percent of the behavioral health case files.
- Evidence of gender-specific treatment services was found in 35.3 percent of the behavioral health case files.

Measure VI—Opioid Specific

- 34.4 percent of the behavioral health case files contained documentation of a diagnosed Opioid Use Disorder (OUD).
- In 73.8 percent of the behavioral health case files of individuals diagnosed with OUD, MAT education was presented as a treatment option.
- 87.1 percent of individuals who accepted MAT as a treatment option were referred to a MAT provider.
- 93.3 percent of individuals with withdrawal symptoms were provided a referral and/or intervention with a medical provider.
- Forty-two of the sampled behavioral health cases indicated that the individual was diagnosed with an OUD and among these cases:
 - 50.0 percent of individuals were provided information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose.

- 61.9 percent of individuals received education on the effects of polysubstance use with opioids.

Measure VII—Discharge and Continuing Care Planning (completed only if the individual completed treatment or declined further services)

- 61.4 percent of the sampled behavioral health case files contained evidence that a relapse prevention plan was completed.
- 85.5 percent of behavioral health case files contained documentation that the individual received information pertaining to community supports and other individualized supports.
- 85.4 percent of the behavioral health case files contained evidence of active coordination of care with other involved agencies. In 35 cases, no other agencies were involved.

Measure VIII—Re-engagement (completed only if the individual declined further services or chose not to appear for scheduled services)

- 90.9 percent of the sampled behavioral health case files contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 86.8 percent of behavioral health case files contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 13 cases, the individual was contacted by other means and a letter was not mailed.
- Other types of outreach conducted to re-engage individuals in treatment included one or more of the following:
 - Contacting other involved agencies, evident in 46.5 percent of behavioral health case files
 - Calling the emergency contact, documented in 9.6 percent of behavioral health case files

(This page has been intentionally left blank.)

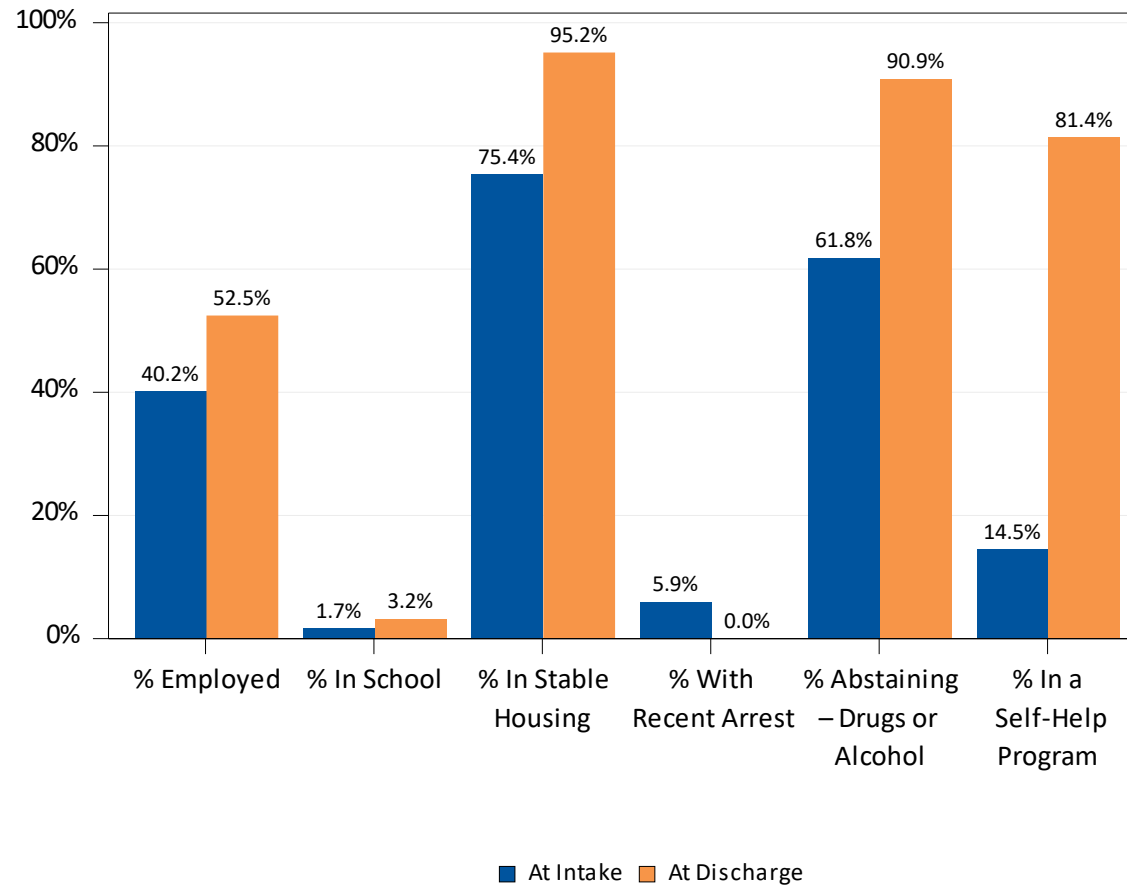
Table 3-6 and Figure 3-3 illustrate the MC case file review findings pertaining to Measure IX (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure in which a lower number of “Yes” responses reflects a more favorable outcome.

**Table 3-6—Mercy Care Case File Review Findings for Measure IX
National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	122	49	40.2%	61	32	52.5%
B. Enrolled in school or vocational educational program?	118	2	1.7%	63	2	3.2%
C. Lived in a stable housing environment? (not homeless)	122	92	75.4%	62	59	95.2%
D. Arrested 30 days prior?	118	7	5.9%	66	0	0.0%
E. Abstinent from drugs and/or alcohol?	110	68	61.8%	55	50	90.9%
F. Participated in social support recovery 30 days prior?	83	12	14.5%	43	35	81.4%

Note: Documentation was missing for up to 39 individuals regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-3—Distribution of Measure IX
National Outcome Measures: Mercy Care**



Appendix A: Case File Review Tool and Instructions

Appendix A, which follows this page, contains the Case File Review Tool and corresponding tool instructions developed by AHCCCS and provided to HSAG.

**AHCCCS Substance Abuse Block Grant (SABG)
2019 Case File Review Tool**

Substance Abuse Prevention and Treatment						
Case File Review Findings for Measures I–VIII						
		Denominator	# of YES	% of Yes	# of NA	# of No Documentation
I	Intake/Treatment Planning					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?					
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?					
	2. Describe the intensity/frequency of substance use?					
	3. Include the effect of substance use on daily functioning?					
	4. Include the effect of substance use on interpersonal relationships?					
	5. Was a risk assessment completed?					
	6. Document screening for tuberculosis (TB)?					
	6. Document screening for Hepatitis C, HIV, and other infectious diseases?					
	7. Document screening for emotional and/or physical abuse/trauma issues.					
	B. Was there documentation that charitable choice requirements were followed?					
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?					
	Was the ISP:					
	1. Developed with participation of the family/support network?					
	2. Congruent with the diagnosis(es) and presenting concern(s)?					
	3. Measurable objectives and timeframes to address the identified needs?					
	4. Addressing the unique cultural preferences of the individual?					
II	Placement Criteria/Assessment					
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) dimensions were used to determine the proper level of care at intake?					
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention					

**AHCCCS Substance Abuse Block Grant (SABG)
2019 Case File Review Tool**

Substance Abuse Prevention and Treatment						
Case File Review Findings for Measures I–VIII						
		Denominator	# of YES	% of Yes	# of NA	# of No Documentation
	OMT: Opioid Maintenance Therapy					
	Level I: Outpatient Treatment					
	Level II: Intensive Outpatient Treatment/Partial Hospitalization					
	Level III: Residential/Inpatient Treatment					
	Level IV: Medically Managed Intensive Inpatient Treatment					
	B. Did the individual receive the level of services identified by the placement criteria/assessment?					
	C. Were the American Society of Addiction Medicine (ASAM) dimensions revised/updated during the course of treatment?					
	D. Were additional assessment tools utilized during the course of treatment? If yes, please list in box below:					
III	Best Practices					
	A. Were evidence-based practices used in treatment?					
	1. The following evidence-based practices were used in treatment:					
	Adolescent Community Reinforcement Approach (ACRA)					
	Beyond Trauma: A Healing Journey for Women					
	Cognitive Behavioral Therapy (CBT)					
	Contingency management					
	Dialectical Behavioral Therapy (DBT)					
	Helping Women Recover					
	Matrix					
	Moral Re-connection Therapy (MRT)					
	Motivational Enhancement/Interviewing therapy (MET/MI)					
	Relapse Prevention Therapy (RPT)					
	Seeking Safety					
	SMART Recovery					

**AHCCCS Substance Abuse Block Grant (SABG)
2019 Case File Review Tool**

Substance Abuse Prevention and Treatment						
Case File Review Findings for Measures I–VIII						
		Denominator	# of YES	% of Yes	# of NA	# of No Documentation
	Thinking for a Change					
	Trauma Recovery & Empowerment Model (TREM)					
	Trauma-Informed Care (TIC)					
	Wellness Recovery Action Plan (WRAP)					
	Other (please list in box below):					
	B. Medication assisted treatment					
	1. The following medication was used in treatment:					
	• <u>Alcohol-related</u>					
	Acamprosate (Campral)					
	Disulfiram (Antabuse)					
	• <u>Opioid-related</u>					
	Buprenorphine/Subutex					
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)					
	Naloxone					
	Naltrexone, long-acting injectable (Vivitrol)					
	Suboxone					
	C. Was screening for substance use/abuse conducted during the course of treatment?					
	D. Were peer support services offered as part of the treatment continuum?					
	E. Were peer support services used as part of the treatment continuum?					
IV	Treatment/Support Services/Rehabilitation Services					
	A. The following services were used in treatment:					
	Individual counseling/therapy					
	Group counseling/therapy					
	Family counseling/therapy					
	Case management					
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?					
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions					
	6–10 sessions					
	11 sessions or more					

**AHCCCS Substance Abuse Block Grant (SABG)
2019 Case File Review Tool**

Substance Abuse Prevention and Treatment						
Case File Review Findings for Measures I–VIII						
		Denominator	# of YES	% of Yes	# of NA	# of No Documentation
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:					
	No documentation					
	0 times during treatment					
	1–4 times during treatment					
	5–12 times during treatment					
	13–20 times during treatment					
	21 or more times during treatment					
	E. If there was evidence of lack of progress towards the identified goal did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?					
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?					
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual’s interest in becoming involved in such a program was explored?					
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual’s interest in such an activity was explored?					
	I. Does the documentation reflect that substance abuse services were provided?					
V	Gender Specific (female only)					
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?					
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?					

**AHCCCS Substance Abuse Block Grant (SABG)
2019 Case File Review Tool**

Substance Abuse Prevention and Treatment						
Case File Review Findings for Measures I–VIII						
		Denominator	# of YES	% of Yes	# of NA	# of No Documentation
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?					
	D. If the female had a child less than one year of age, was there evidence that a screening was completed for postpartum depression/psychosis?					
	E. If the female had dependent children, was there documentation to show that child care was addressed?					
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?					
VI	Opioid Specific					
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?					
	B. Was there documentation that the member was provided Medication Assisted Treatment (MAT) education as a treatment option?					
	C. If yes to VI B, were they referred to a MAT provider?					
	D. If withdrawal symptoms were present were they addressed in a medically appropriate manner?					
	E. If a physical health concern was identified, were alternative pain management options addressed?					
	F. If member is a pregnant female; did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?					
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an Opioid overdose?					
	H. Was there documentation that the member was provided education on the effects of polysubstance use with Opioids?					



**AHCCCS Substance Abuse Block Grant (SABG)
2019 Case File Review Tool**

Substance Abuse Prevention and Treatment						
Case File Review Findings for Measures I–VIII						
		Denominator	# of YES	% of Yes	# of NA	# of No Documentation
VII	Discharge and Continuing Care Planning					
	(completed only if individual completed treatment or declined further services)					
	A. Was there documentation present that a relapse prevention plan was completed?					
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help groups and/or other individualized support services.					
	C. Was there documentation that staff activity coordinated with other involved agencies at the time of discharge.					
VIII	Re-engagement					
	(completed only if individual declined further services or chose not to appear for scheduled services)					
	The following efforts were documented:					
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?					
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?					
	C. Were other attempts made to re-engage the individual, such as:					
	Home visit					
	Call emergency contact(s)					
	Contacting other involved agencies					
	Street Outreach					
Other, <i>please list in the box below</i>						



**AHCCCS Substance Abuse Block Grant (SABG)
2019 Case File Review Tool**

Measure IX National Outcome Measures						
National Outcome Measures	At Intake			At Discharge		
	Yes	No	Missing	Yes	No	Missing
A. Employed?						
B. Enrolled in school or vocational educational program?						
C. Lived in a stable housing environment (not homeless)?						
D. Arrested 30 days prior?						
E. Abstinent from drugs and/or alcohol?						
F. Participated in social support recovery 30 days prior?						

AHCCCS Substance Abuse Prevention and Treatment Block Grant (SABG) FY 2019 Case File Review Instructions

The items below correspond to the 2019 SABG Case File Review Tool. Each case file will contain **one treatment segment**. For the purposes of this review, only supporting documentation falling between the “**date of intake**” and the “**date of closure**” for the selected treatment segment will be reviewed. The date of intake and date of closure are pre-populated on the case file review tool. The length of treatment will range from 30 days to 365 days. There must be at least one episode of care.

I. Intake/Treatment Planning

A) Assessment—Review the case file to determine if a **comprehensive** assessment was completed at intake **within 45 days of the initial appointment**. The addendum sections of the Core Assessment are completed based on the needs of the individual; however, a comprehensive assessment allowing for sound clinical formulation and diagnostic impression must be completed within 45 days of the initial appointment. Answer **YES** if a comprehensive assessment was completed within 45 days of the initial appointment. Answer **NO** if a comprehensive assessment is not present in the case file or if the assessment was not completed within 45 days of the initial appointment. Answer **NA** if there is not a comprehensive assessment present and the case closed prior to 45 days from the initial appointment.

For each component related to assessment process below (1–7), consider the information contained in the comprehensive initial assessment completed within 45 days of the initial intake appointment.

- 1) Review the assessment to determine if it addressed substance-related disorder(s). Answer **YES** if the assessment addressed this component. If the assessment did not address a substance related disorder, answer **NO**.

- 2) Review the assessment to determine if the assessment described the intensity/frequency of substance use. Answer **YES** if the assessment addressed this component. If the assessment did not describe the intensity/frequency of substance use, answer **NO**.

- 3) Review the assessment to determine if the assessment included the effect of substance use on daily functioning. Answer **YES** if the assessment addressed this component. If the assessment did not describe the effect of substance use on daily functioning, answer **NO**.

- 4) Review the assessment to determine if the assessment described how substance abuse affects the interpersonal relationships of the individual. Answer **YES** if the assessment addressed this component. If the assessment did not describe how substance abuse affects the interpersonal relationships of the individual, answer **NO**.

- 5) Review the assessment to determine if a risk assessment was completed. The risk assessment may be contained within the standardized core assessment or may consist of a comparable RBHA- or provider-specific form, but should be completed as part of the comprehensive assessment within

45 days of the initial appointment. Answer **YES** if the assessment addressed this component. If the assessment did not address this component, answer **NO**.

6) Review the assessment to determine if it contains documentation of screening for tuberculosis (TB). Answer **YES** if the assessment included documentation of screenings for TB. If the assessment did not contain documentation of screenings for TB, answer **NO**. Screening may include testing; education; referrals for screening and services; follow-up counseling that addresses identified services; and an evaluation of history, risk factors, and/or screening tools.

7) Review the assessment to determine if it contains documentation of screening for Hepatitis C, HIV, and other infectious diseases. Answer **YES** if the assessment included documentation of screenings for Hepatitis C, HIV, and other infectious diseases screening. If the assessment did not contain documentation of screenings for Hepatitis C, HIV, and other infectious diseases, answer **NO**. Screening may include testing; education; referrals for screening and services; follow-up counseling that addresses identified services; and an evaluation of history, risk factors, and/or screening tools.

8) Review the assessment to determine if it contains documentation of screening for emotional and/or physical abuse/trauma issues. Answer **YES** if the assessment included documentation of screening for abuse/trauma issues. If the assessment did not contain evidence, answer **NO**.

B) Review the assessment to determine if it contains documentation that charitable choice requirements were followed. Answer **YES** if the assessment included documentation that charitable choice requirements were being followed. If the assessment did not contain evidence, answer **NO**. Answer **NA** if charitable choice did not apply in this case.

C) **Individual Service Plan (ISP)**—Review the case file to determine if an ISP was completed within **90 days** of the initial appointment. **The interim service plan should not be considered when responding to this question.** Answer **YES** if an ISP was completed within 90 days of the initial appointment. Answer **NO** if an ISP is not present in the case file or if the service plan was not completed within 90 days of the initial appointment. Answer **NA** if there is not an ISP and the case closed prior to 90 days from the initial appointment.

For each component related to the ISP process below (1–3), consider the information contained in the ISP completed within 90 days of the initial intake appointment. Updates to the service plan should not be considered when responding to the questions below.

1) Review the service plan to determine if it was developed with the participation of the individual’s **family and/or support network**, when appropriate. If there is evidence that staff made efforts to actively engage the involved family members/support network in the treatment planning process, answer **YES**. If there is evidence that these individuals would have an impact on treatment planning but there is no evidence of staff efforts to engage them, answer **NO**. Answer **NA** if there is no family/support network or if the individual declined inclusion of others in the service planning process. Evidence of engagement attempts may include verbal or written efforts to solicit their input.

2) Review the service plan to determine if the scope, intensity, and duration of services offered was congruent with the diagnosis(es) and presenting concern(s). If the scope, intensity, and duration of services offered were congruent with the diagnosis(es), answer **YES**. If the scope, intensity, and duration of services offered were not congruent with the diagnosis(es), answer **NO**.

3) Review the service plan to determine if objectives are measurable and identify timeframes for the identified needs to be met. If the objectives are measurable and identify timeframes for the identified needs to be met, answer **YES**. If the objectives are not measurable and do not identify timeframes, answer **NO**.

4) Review the service plan to determine if it addressed the unique cultural preferences of the individual. Cultural preferences may include the influences and background of the individual with regard to language, customs, traditions, family, age, gender, ethnicity, race, sexual orientation, and socioeconomic class. If the unique cultural preferences of the individual were addressed, answer **YES**. If the unique cultural preferences of the individual were not addressed, answer **NO**.

II. Placement Criteria/Assessment

A) Review the case file to determine if the American Society of Addiction Medicine (ASAM) dimensions were used at intake to determine the criteria to identify the appropriate level of care via the Patient Placement Criteria.

If the ASAM tool was completed, answer **YES**. If the ASAM tool was not completed, answer **NO**. Providers are allowed to create their own ASAM document.

1) If the ASAM tool was completed at intake, select the level of care identified by the tool:

- Level 0.5: Early Intervention
- OMT: Opioid Maintenance Therapy
- Level I: Outpatient Treatment
- Level II: Intensive Outpatient Treatment/Partial Hospitalization
- Level III: Residential/Inpatient Treatment
- Level IV: Medically Managed Intensive Inpatient Treatment

B) Review the case file to determine if the individual received the level of care identified by the ASAM tool. If the individual received the level of services identified by the placement criteria/assessment, answer **YES**. If not, answer **NO**.

C) Review the case file to determine if an ASAM tool was completed during the course of treatment at any time subsequent to intake/assessment. It is not necessary for the ASAM tool result to change if it is considered an updated tool. If an ASAM tool was completed after intake, answer **YES**. If an ASAM tool was not completed after intake, answer **NO**.

D) Review the case file to determine if an assessment tool (can include other multi-dimensional placement criteria tools in lieu of ASAM) was utilized **during** the course of treatment at any time

subsequent to intake/assessment. If an additional assessment tool was completed after the intake ASAM, answer **YES**. If answer is **YES**, please list the name of the tool in the box below. If an assessment tool was not completed after the intake ASAM, answer **NO**.

III. Best Practices

A) Review the case file to determine if it contains evidence that evidence-based practices were implemented in treatment. Answer **YES** if the case file contains evidence-based practices. If not, answer **NO**. If there is not sufficient documentation available to verify that evidence-based practice was utilized (e.g., an evidence-based practice was not mentioned in the treatment progress notes), answer **NO DOCUMENTATION**.

1) Identify **each** type of evidence-based practice documented in the case file:

- Adolescent Community Reinforcement Approach (A-CRA)
- Beyond Trauma: A Healing Journey for Women
- Cognitive Behavioral Therapy (CBT)
- Contingency management
- Dialectal Behavioral Therapy (DBT)
- Helping Women Recover
- Matrix
- Moral Reconciliation Therapy (MRT)
- Motivational Enhancement/Interviewing Therapy (MET/MI)
- Relapse Prevention Therapy (RPT)
- Seeking Safety
- SMART Recovery
- Thinking for a Change
- Trauma Recovery and Empowerment Model (TREM)
- Trauma-Informed Care (TIC)
- Wellness Recovery Action Plan (WRAP)
- Other: Identify other evidence-based practices utilized (Enter the evidence-based practice in the text box below.)

B) Medication assisted treatment (**for substance abuse treatment only**). If there was evidence of MAT, answer **YES**. Answer **NO** if there was no documentation of MAT.

1) Identify **each** medication used in the treatment of substance abuse:

- Alcohol-related: Acamprosate (Campral) Disulfiram (Antabuse)
- Opioid-related: Buprenorphine/Subutex Methadone/Levo-Alpha-Acetylmethadol (LAAM) Naloxone Naltrexone, long-acting injectable (Vivitrol) Suboxone

C) Review the case file to determine if it contains evidence that the individual was screened for substance use/abuse during the course of treatment. Answer **YES** if the case file contains evidence that the individual was screened for substance use. Answer **NO** if documentation of screening for substance use was not present in the case file.

D) Review the case file to determine if peer support/coaches (e.g., peer worker) were offered as part of the treatment continuum. If evidence is present in the case file, answer **YES**. If evidence is not present in the case file, answer **NO**. Answer **NA** if the individual declined peer support services.

E) Review the case file to determine if peer support/coaches were used as part of the treatment continuum. If evidence is present in the case file, answer **YES**. If evidence is not present in the case file, answer **NO**.

IV. Treatment/Support Services/Rehabilitation Services

A) Review the case file to identify which services the individual received during the course of treatment. Answer **YES** next to **each** service received. Answer **NO** next to the services that were not received during the course of treatment.

- Individual counseling/therapy
- Group counseling/therapy
- Family counseling/therapy
- Case management

B) Review the case file to determine if documentation (e.g., progress notes) shows evidence of progress or lack of progress toward the identified treatment goals. If the documentation shows progress or lack of progress toward the identified treatment goals, answer **YES**. If the case file does not show evidence of progress or lack of progress toward the identified ISP goals, answer **NO**. Answer **NA** if there is not an ISP present in the case file. You may also answer **NA** if services provided are recent and there is no change in progress.

C) Review the case file to determine the number of counseling/therapy sessions that the individual attended during the course of treatment. Treatment sessions include individual and group sessions.

Select the appropriate response:

- 0–5 treatment sessions
- 6–10 treatment sessions
- 11 sessions or more

D) Review the case file to determine how many self-help or recovery group sessions (e.g., Alcoholics Anonymous, Narcotics Anonymous) the individual reported attending during the course of treatment.

Select the appropriate response:

- No documentation (includes those individuals who were referred to self-help groups but did not attend)
- 0 times during treatment
- 1–4 times during treatment
- 5–12 times during treatment
- 13–20 times during treatment
- 21 or more times during treatment

E) If there was evidence of lack of progress toward the identified goal, review the case file to determine if staff revised the treatment approach and/or sought consultation in order to facilitate symptomatic

improvement. Answer **YES** if the provider revised the treatment approach and/or sought consultation. If not, answer **NO**. Answer **NA** if symptomatic improvement is present in the case file.

F) If the individual was **NOT** employed at the time of intake, review the case file to determine if the individual's interest in finding employment was explored. Answer **YES** if there is evidence that the individual's interest in finding employment was explored. If not, answer **NO**. **Answer NA if the individual was employed at the time of intake or employment is not relevant to the individual's situation (e.g., the individual is participating in a vocational program).**

G) If the individual was **NOT** involved in an education or vocational training program at the time of intake, review the case file to determine if the individual's interest in becoming involved in a program was explored. Answer **YES** if there is evidence that the individual's interest in becoming involved in an educational or vocational training program was explored. If evidence is not present, answer **NO**. **Answer NA if the individual was involved in an education or vocational training program at the time of intake or it is not relevant to the individual's situation (e.g., the individual was employed).**

H) If the individual was **NOT** involved in a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation) at the time of intake, review the case file to determine if the individual's interest in becoming involved in a community activity was explored. Answer **YES** if there is evidence that the individual's interest in a community activity was explored. Answer **NO** if the individual's interests were not explored. **Answer NA if the individual was involved in a community activity at the time of intake or if it is not relevant to the individual's situation (e.g., the individual was participating in a vocational program or employed).**

I) Review the case file to determine if the documentation reflects that substance abuse services were rendered. If the documentation in the case file reflects that services were provided for the treatment of substance abuse, answer **YES**. Answer **NO** if documentation does not reflect that substance abuse services were rendered.

V. Gender-Specific (Female Only) If the patient is male, this section of the database will be closed. You will not respond to the following Section V questions.

A) Review the case file to determine if it includes a safety plan **where there are domestic violence issues present**. If the case file contains a safety plan, answer **YES**. If the case file does not contain a safety plan, answer **NO**. Answer **NA** if there are no domestic violence issues present.

B) **If the individual was pregnant**, review the case file to determine if there is evidence that staff coordinated behavioral health care with the physician/obstetrician. If there is evidence in the case file indicating that staff coordinated behavioral health care, answer **YES**. Answer **NO** if staff did not coordinate with the physician/obstetrician. **Answer NA if the service provider does not apply (e.g., the individual was not pregnant)**. Since an adult individual has to give permission for release of information, this should be considered when responding. Coordination of care includes verbal or written efforts to solicit their input or share information.

C) **If the individual was pregnant**, review the case file to determine if there is evidence that staff provided education pertaining to the effects of substance use on fetal development. Answer **YES** if the

case file contains evidence. Answer **NO** if evidence is not present. **Answer NA if the individual was not pregnant.**

D) If the individual has a child less than one year of age, review the case file to determine if screening was completed for postpartum depression/psychosis. If evidence is present in the case file, answer **YES**. If evidence is not present in the case file, answer **NO**. **Answer NA if the individual does not have a child less than one year in age.**

E) If the individual has dependent children, review the case file to determine if child care was addressed. If evidence is present in the case file, answer **YES**. If evidence is not present in the case file, answer **NO**. **Answer NA if the individual does not have dependent children.**

F) Review the case file to determine if gender-specific treatment services were offered and/or provided (e.g., women's-only group therapy sessions, female peer/recovery support/coaches) as part of the treatment continuum. If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO. Answer NA if the individual declined gender-specific services.

VI. Opioid Specific (only for records that indicate opioid use)

A) Review the case file to determine if it contains evidence that the individual has a diagnosed Opioid Use Disorder (OUD). Answer YES if the case file contains evidence that the individual has been diagnosed with OUD. Answer NO if documentation an OUD was not present in the case file.

B) Review the case file to determine if it contains documentation that Medication-Assisted Treatment (MAT) education was a treatment option. If there is documentation that the member was offered MAT education as an option, answer YES. Answer NO if documentation is not present in the case file.

C) If the answer to VI B was YES, and there is documentation that a referral was made to a MAT provider, answer YES. If the answer to VI B is YES, but no referral to a MAT provider was made, answer NO. If the answer to VI B was NO, answer NA.

D) Review the case file to determine if there is evidence that the member had withdrawal symptoms that were addressed via referral and/or intervention with a medical provider. If there is evidence that the withdrawal symptoms were addressed via referral and/or intervention with a medical provider, answer YES. Answer NO if evidence shows that withdrawal symptoms were not addressed via referral and/or intervention with a medical provider. Answer NA if no withdrawal symptoms were documented.

E) Review the case file to determine if there is documentation that alternative pain management options were addressed if the member reported a physical health concern. Answer YES if alternative pain management options were addressed if the member reported a physical health concern. Answer NO if the member reported a physical health concern and there is no evidence that alternative pain management options were addressed. Answer NA if there is no evidence of physical health concerns related to pain.

F) If the individual is pregnant, review the case file to determine if there is evidence that staff provided education pertaining to the safety of Methadone and/or Buprenorphine during the course of the pregnancy. Answer **YES** if the case file contains evidence. Answer **NO** if evidence is not present.

Answer NA if the individual is not pregnant.

G) Review the case file to determine if there is evidence that the member was provided relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose. Answer **YES** if the case file contains evidence. Answer **NO** if evidence is not present.

H) Review the case file to determine if there is evidence that the member was provided education on the effects of polysubstance use with opioids. Answer **YES** if the case file contains evidence. Answer **NO** if the evidence is not present.

VII. Discharge and Continuing Care Planning (only completed if the individual completed treatment or declined further services)

A) Review the case file to determine if a relapse prevention plan was completed. If evidence is present in the case file, answer **YES**. If evidence is not present in the case file, answer **NO**.

B) Review the case file to determine if there is evidence that staff provided resources pertaining to community supports, including recovery self-help groups and/or other individualized support services. If there is evidence that staff provided resource and/or referral information, answer **YES**. A **YES** response indicates that staff provided information and/or referral regarding at least one resource. If evidence is not present, answer **NO**.

C) Review the case file to determine if staff actively coordinated with other involved agencies at the time of discharge. If there is evidence in the case file indicating that staff attempted to coordinate/communicate with other involved agencies, answer **YES**. Answer **NO** if staff did not make efforts to coordinate with other involved agencies at the time of discharge. Answer **NA** if there were no other agencies involved. Since an adult individual must give permission for other involved parties to participate in treatment, this should be considered when responding. Coordination of care includes verbal or written efforts to solicit their input or share information.

VIII. Re-Engagement (only completed if the individual declined further services or chose not to appear for scheduled services, including closure for loss of contact)

Review the case file to determine if the following outreach activities were conducted in an effort to re-engage the individual prior to closure:

A) Contacting the individual (or legal guardian if applicable) by telephone, at times when the person may be expected to be available (e.g., after work or school)—Answer **YES** if telephone contact was attempted. Answer **NO** if telephone contact was not attempted.

B) If telephone contact was unsuccessful, a letter was mailed requesting contact—Answer **YES** if a letter was sent to the individual. Answer **NO** if a letter was not sent to the individual. Answer **NA** if attempts to reach the **member** through other means were successful.

C) Were other attempts made to re-engage, such as:

- a. Home visit?
- b. Call emergency contact(s)?
- c. Contacting other involved agencies?
- d. Street outreach
- e. Other (please enter the type of re-engagement in the box below).

Answer **YES** next to each means of outreach attempted in order to re-engage the individual. Answer **NO** next to each action that was not attempted. If other re-engagement attempts were made that aren't listed, list the other types in the box below. Answer **NA** if attempts to reach the individual by other means of outreach were successful (e.g., the individual was successfully reached via telephone call). NA may also be used if a particular means of outreach was not applicable to the individual (e.g., answer NA for “contacting other involved agencies” if the individual did not have any other agencies involved).

IX. National Outcome Measures (NOMs)

For each measure below, answer YES or NO based on the individual's status at the time of intake and at the time of discharge. Answer MISSING if there is no documentation of the NOMs at time of intake and/or discharge.

- A) Employed at intake?**
Employed at discharge?
- B) Enrolled in school or vocational educational program at intake?**
Enrolled in school or vocational educational program at discharge?
- C) Lived in a stable housing environment at intake? (Not homeless)**
Lived in a stable housing environment at discharge? (Not homeless)
- D) Arrested 30 days prior to treatment?**
Arrested 30 days prior to discharge?
- E) Was the individual abstinent from alcohol and/or drugs at intake?**
Was individual abstinent from alcohol and/or drugs at discharge?
- F) Participated in Social Support Recovery 30 days prior to treatment?**
Participated in Social Support Recovery 30 days prior to discharge?