



Arizona Department of Human Services  
Division of Behavioral Health Services

# Substance Abuse Prevention and Treatment Case File Review Findings 2015

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## **Introduction**

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) was awarded the Substance Abuse Prevention and Treatment (SAPT) Block Grant with the purpose of providing substance abuse prevention and treatment services to individuals who are not eligible for Arizona Health Care Cost Containment Service (AHCCCS) benefits. 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. ADHS/DBHS has chosen to fulfill this requirement by reviewing substance abuse treatment programs which are contracted through the Regional Behavioral Health Authorities (RBHAs).

ADHS/DBHS contracted Health Care Excel (HCE) as an independent peer review organization to do a case file review of behavioral health records. HCE received a predetermined sample size of records to review; 200 total records. HCE was required to analyze the findings and prepare the annual external quality review report for State Fiscal Year (FY) 2015 (July 1, 2014 – June 30, 2015). In compliance with the State of Arizona's policies and regulations, this FY2015 Annual Report's objective was to determine the extent to which substance abuse treatment programs in the State of Arizona 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.

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

- Dis-enrolled from the Arizona behavioral health system prior to June 30, 2015.
- At least 18 years of age during the treatment episode.
- Behavioral Health Category G, which refers to adults who received substance abuse services and were not diagnosed with a serious mental illness.
- Dis-enrolled due to completing treatment, declining future services, or lack of contact.
- Not enrolled in a Tribal Behavioral Health Authority.

The study population excluded members 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.



DBHS developed the case file review tool. HCE had the opportunity to evaluate the review tool and make recommendations. For FY 2014, additional medications were added to the tool to evaluate further individual compliance. No revisions to the review tool were made for FY 2015.

The data collection tool contained clinical measures ranging from assessments to discharge planning and re-engagement. In addition, the tool included the collection of National Outcome Measures. Experienced, professional, behavioral health record reviewers conducted the case file reviews. Due to changes in the sampling methodology, the data collection tool, and contracted RBHAs, caution should be exercised when comparing findings across years.

Table 1.1 depicts the distribution of the case file review sample for RBHA - Mercy Maricopa Integrated Care (MMIC) by gender and age.

Table 1.1 - Patient Demographic Information								
RBHA	Sample Cases	Percent of Sample	Gender				Age	
			Female		Male		Mean	Median
			N	%	N	%		
MMIC Case Review Population	200	100%	113	56.5%	87	43.5%	34.60	33.00

Table 1.2 displays the case file review sample for MMIC, top referral sources.

Table 1.2 - Top Referral Sources				
RBHA	Sample Cases	Referral Sources	Yes	% Case Review Population
MMIC	200	Self/Family/Friend	54	27.0%
		Criminal Justice/Correctional (AOC-Probation, ADOC, ADJD, Jail, etc.)	48	24.0%
		Other Behavioral Provider	35	17.5%
		Community Agency Other Than a BHP (homeless Shelter, church, employer, etc.)	5	2.5%
		Misc.	10	5.0%



## Meracy Maricopa Integrated Care (MMIC) Case File Review Findings

Table 2.1 represents the aggregate case file review findings for MMIC sampled behavioral health records.

In order to measure performance across measures I through VII, the denominator for most indicators was defined as the sum of all “Yes”, “No”, “NA” (not applicable), and “No Documentation” answers except for Measure I A.1-7, B1-3, II A.1., III A.1., B.1., D., IV B.E.F.G.H.I., Measures V, VI, and VII. Therefore, the “% of YES” column represents the sum of all “Yes” answers divided by the denominator. The total number of “NA” and “No Documentation” answers is provided in the “# of NA” and “# of No Documentation” columns where applicable. An “\*” (asterisk) represents an indicator for which the “NA” or “No Documentation” response was not an option. A ^ (caret) represents questions for which the reviewers could select more than one response. The aggregate results for Measure VIII, National Outcome Measures, are presented in Table 2.2 and Figure 2.1.

Table 2.1 displays the number of “Yes”, percentage of “Yes”, number of “NA”, and number of “No Documentation” for the corresponding Measures I-VII; Table 2.2 displays the number of “Yes” and the percentage of “Yes” responses for the corresponding National Outcome Measures, both at intake and at discharge. A higher number of “Yes” responses constitute a more favorable outcome. Table 2.2, Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure. Therefore, a lower number of “Yes” responses represent a more favorable outcome.

The ADHS/DBHS approved File Review Tool was used by all reviewers. Since the review tool had specific criteria for answering each question, the methodology used for most of this report was an inclusive population except for the measures mentioned above. Each reviewer had the option of answering each question as “Yes” and “No”. There were several instances where this was the only option when using the review tool. There were thirteen times “NA” was an option plus all the questions for Measure V. There was only one time “No Documentation” was an option.

A review of the data presented in Table 2.1 demonstrates that the aggregate performance scores for 12 of the 15 main indicator scores were at or above 75%, while three indicator scores fell below 75%. In addition, 8 of 15 indicators scored at or above 90%. Differences in the number of indicators evaluated were due to some responses not being applicable to all sampled individuals. Section V (Gender Specific), Section VI (Discharge and Continuing Care Planning), and Section VII (Re-engagement) were for targeted individuals and were therefore excluded from scoring.

Additional information and trends were indicated from the review findings and data. Of the evidence-based practices (EBP) used in treatment, 44.4% were “Other” EBP including Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Active Listening, and Stages of Change. Gender-specific treatment service topics included; parenting, co-dependency, assertiveness, domestic abuse, and self-esteem building techniques. These services were delivered through individual and group therapy sessions.



Compliance with the behavioral health assessment indicated strengths and challenges. Overall, 99.5% of the sampled behavioral health records contained evidence that a behavioral health assessment was completed at intake within the required time frame of 45 days from the individual's initial appointment.

Behavioral health assessments consistently indicated substance related disorder(s) were addressed, and described the intensity/frequency of substance use. Overall, 100% of the assessments addressed substance related disorder(s), described the intensity/frequency of substance use, and included the effect of substance use on daily functioning.

Tuberculosis screening is the performance indicator with the greatest need for improvement. Some case reviews indicated Purified Protein Derivative (PPD) tests were administered, but results were not read. Other case reviews indicated screenings for tuberculosis occurred prior to treatment, but re-screenings did not occur, and/or results from previous screenings were not documented.

When using the American Society of Addiction Medicine (ASAM) patient placement criteria, the reviewers found that intensive outpatient treatment/partial hospitalization was the highest identified level of service at 43.4% with residential/inpatient treatment and outpatient treatment 28.0% and 23.3%, respectively.

Evidence-based best practice was used in treatment 63.0% of the time for the MMIC population reviewed with medication assisted treatment used 42.9% of the time. Evidence-based best practices had a range of 61.0% to 78.0%.

Treatment review found that if symptomatic improvement was not evident, the provider revised the treatment approach and/or obtained consultation in order to facilitate symptomatic improvement 81.4% of the time.

**Table 2-1 - Substance Abuse Prevention and Treatment**

**MMIC Case File Review Findings for Measure I-VII**

		<b>Denominator</b>	<b># of YES</b>	<b>% of Yes</b>	<b># of NA</b>	<b># of No Documentation</b>
<b>I</b>	<b>Intake/Treatment Planning</b>					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	199	198	99.5%	1	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	198	198	100%	*	*
	2. Describe the intensity/frequency of substance use?	198	198	100%	*	*
	3. Include the effect of substance use on daily functioning?	198	198	100%	*	*
	4. Include the effect of substance use on interpersonal relationships?	198	192	97.0%	*	*
	5. Was a risk assessment completed?	198	187	94.4%	*	*
	6. Document screening for tuberculosis (TB)?	198	61	30.8%	*	*



	7. Document screening for emotional and/or physical abuse/trauma issues.	198	192	97.0%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	195	194	99.5%	3	*
	ISP:					
	1. Developed with participation of the family/support network?	128	56	43.8%	66	*
	2. Congruent with the diagnosis(es) and presenting concern(s)?	194	193	99.5%	*	*
	3. Addressed the unique cultural preferences of the individual?	194	191	98.5%	*	*
<b>II</b>	<b>Placement Criteria</b>					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	200	189	94.5%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	189	3	1.6%	*	*
	OMT: Opioid Maintenance Therapy	189	42	22.2%	*	*
	Level I: Outpatient Treatment	189	44	23.3%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	189	82	43.4%	*	*
	Level III: Residential/Inpatient Treatment	189	53	28.0%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	189	1	0.5%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	189	176	93.1%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	200	187	93.5%	*	*
<b>III</b>	<b>Best Practices</b>					
	A. Were evidence-based practices used in treatment?	200	126	63.0%	*	0
	1. The following evidence-based practices were used in treatment: ^					
	Contingency management	126	31	24.6%	*	*
	Matrix	126	81	64.3%	*	*
	Seeking Safety	126	65	51.6%	*	*
	Other	126	56	44.4%	*	*
	B. Medication assisted treatment	126	54	42.9%	*	*
	1. The following medication was used in treatment^					
	Disulfiram (Antabuse)	54	0	0.0%	*	*
	Buprenorphine	54	2	3.7%	*	*
	Acamprosate (Campral)	54	2	3.7%	*	*
	Naltrexone	54	0	0.0%	*	*
	Suboxone	54	23	42.6%	*	*



	Subutex	54	2	3.7%	*	*
	Methadone	54	30	55.6%	*	*
	Naltrexone, long-acting injectable (Vivitrol)	54	0	0.0%	*	*
	Levo-Alpha-Acetylmethadol (LAAM)	54	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	200	122	61.0%	*	*
	D. Was peer support used as part of treatment?	143	107	74.8%	57	*
	E. Was there evidence of obtaining the individual's feedback regarding the fit of services and incorporating information to enhance what is working and changing what is not working (e.g., client-directed, outcome-informed treatment)?	200	156	78.0%	*	*
<b>IV</b>	<b>Treatment/Support Services/Rehabilitation Services</b>					
	A. The following services were used in treatment: ^					
	Individual counseling/therapy	200	180	90.0%	*	*
	Group counseling/therapy	200	119	59.5%	*	*
	Family counseling/therapy	200	25	12.5%	*	*
	Case management	200	132	66.0%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	188	185	98.4%	12	*
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	200	91	45.5%	*	*
	6–10 sessions	200	27	13.5%	*	*
	11 sessions or more	200	80	40.0%	*	*
	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	111	55.5%	*	*
	1–4 times during treatment	200	41	20.5%	*	*
	5–12 times during treatment	200	28	14.0%	*	*
	13–20 times during treatment	200	8	4.0%	*	*
	21 or more times during treatment	200	10	5.0%	*	*
	E. If symptomatic improvement was not evident (e.g., decrease in the frequency of target substance use), did the provider revise the treatment approach and/or seek consultation in order to facilitate symptomatic improvement?	59	48	81.4%	141	*
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	153	139	90.8%	47	*
	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?	169	138	81.7%	31	*





	H. If the individual was not involved with a meaningful community activity, was there evidence that the individual's interest in such an activity was explored?	169	117	69.2%	31	*
	I. Does the documentation reflect that substance abuse services were provided?	200	194	97.0%	*	*
<b>V</b>	<b>Gender Specific (female only)</b>					
	A. If there was a history of domestic violence, was a safety plan completed?	117	7	6.0%	11	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	12	8	66.7%	116	*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	12	4	33.3%	116	*
	D. If the female had a child less than one year of age, was screening completed for postpartum depression/psychosis?	4	1	25.0%	124	*
	E. If the female had dependent children, was child care addressed?	30	10	33.3%	98	*
	F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	79	45	57.0%	49	*
<b>VI</b>	<b>Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)</b>					
	A. Was a relapse prevention plan completed?	76	64	84.2%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	76	74	97.4%	*	*
	C. Was there active coordination with other involved agencies?	72	72	100.0%	4	*
<b>VII</b>	<b>Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)</b>					
	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)?	156	146	93.6%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	145	125	86.2%	11	*
	C. Were other attempts made to re-engage the individual, such as: ^					
	Home visit	146	0	0.0%	10	*
	Call emergency contact(s)	146	83	56.8%	10	*
	Contacting other involved agencies	146	54	37.0%	10	*
	Other	156	4	2.6%	*	*

\* Not an option for this question.

^ Reviewers could select more than one response to this question.



## **Measure I—Intake/Treatment Planning**

### **Initial Behavioral Health Assessment**

- ◆ 99.5% of the sampled behavioral health records contained evidence that a behavioral health assessment was completed at intake 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 assessment (I.A.1–7) ranged from 30.8% to 100%.
  - 30.8% of the behavioral health assessments contained documentation of tuberculosis screening.
  - 100% of the behavioral health assessments addressed substance-related disorder(s); described the intensity/frequency of substance use; and included the effect of substance use on daily functioning.

### **Individual Service Plan (ISP)**

- ◆ 99.5% of the sampled behavioral health records contained evidence that an ISP was completed within the required time frame of 90 days from the individual’s initial appointment.
- ◆ 43.8% of the records contained evidence that the ISP was developed with participation of the family/support network.
- ◆ 99.5% of the records contained evidence that the ISP was congruent with the individual’s diagnoses and presenting concern(s).
- ◆ 98.5% of the records contained evidence that the ISP addressed the individual’s unique cultural preferences.

## **Measure II—Placement Criteria**

- ◆ 94.5% of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- ◆ 93.1% of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- ◆ 93.5% of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used during the course of treatment.

## **Measure III—Best Practices**

- ◆ 63.0% of sampled behavioral health records contained documentation that evidence-based practices were used in treatment.
- ◆ 61.0% of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.
- ◆ 74.8% of records contained evidence that peer support was used in treatment.
- ◆ 78.0% percent of records contained evidence that feedback was obtained from the individual regarding the fit of services and that the information was incorporated in the treatment.



#### **Measure IV—Treatment/Support Services/Rehabilitation Services**

- ◆ Documentation contained in the sampled behavioral health records reflected evidence that:
  - 90.0% received individual counseling/therapy;
  - 59.5% of individuals received group counseling/therapy;
  - 12.5% received family counseling/therapy; and
  - 66.0% of individuals received case management services.
- ◆ 98.4% of records contained documentation of progress or lack of progress toward the identified ISP goals.
- ◆ Documentation for number of completed counseling/therapy sessions during treatment was:
  - 45.5% of 0-5 sessions completed;
  - 13.5% of 6-10 sessions completed; and
  - 40.0% of 11 or more sessions completed.
- ◆ Documentation that showed the individual reported attending self-help or recovery groups:
  - 55.5% of the records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment;
  - 20.5% of the records contained documentation that sessions/groups were attended 1-4 times during treatment;
  - 14.0% of the records contained documentation that sessions/groups were attended 5-12 times during treatment;
  - 4.0% of the records contained documentation that sessions/groups were attended 13-20 times during treatment; and
  - 5.0% of the records contained documentation that sessions/groups were attended 21 or more times during treatment.
- ◆ When symptomatic improvement was not evident, 81.4% of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- ◆ 90.8% of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.
- ◆ 81.7% of records 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.
- ◆ 69.2% of records 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.
- ◆ 97.0% of records contained evidence that substance abuse services were provided.

#### **Measure V—Gender Specific (female only)**

This section was answered as “Yes”, “No”, or “N/A” (not applicable). If answered “No”, this designates the indicator was not met. If answered “N/A”, this indicates no issues present, does not apply, or individual declined gender-specific services.

- ◆ 6.0% of records demonstrated evidence that if there was a history of domestic violence, the safety plan was completed.



- ◆ 66.7% of records demonstrated that if the female was pregnant, there was coordination of care completed with the primary care physician and/or obstetrician.
- ◆ 33.3% of records demonstrated evidence that if the female had a child less than 1 year of age, there was screening completed for postpartum depression/psychosis.
- ◆ 25.0% of records demonstrated evidence that if the female was pregnant, education on the effects of substance use on fetal development occurred.
- ◆ 33.3% of records demonstrated if the female had dependent children, child care was addressed.
- ◆ 57.0% of records showed evidence of gender-specific treatment services.

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

This section was answered as “Yes” or “No” or one question having an “N/A” (not applicable) option. If the questions were left blank, this indicates the patient did not complete treatment or declined further services.

- ◆ 84.2% of the sampled behavioral health records contained evidence that a relapse prevention plan was completed;
- ◆ 97.4% of records contained documentation that the individual received information pertaining to community supports and other individualized supports; and
- ◆ 100% of the records showed evidence of active coordination of care with other involved agencies.

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

This section was answered as “Yes”, “No”, or “N/A” (not applicable). If answered “No”, this designates there were no efforts documented. If answered “N/A”, this indicates successful attempts were made to reach the individual through other means, or a particular means was made but not applicable to the individual.

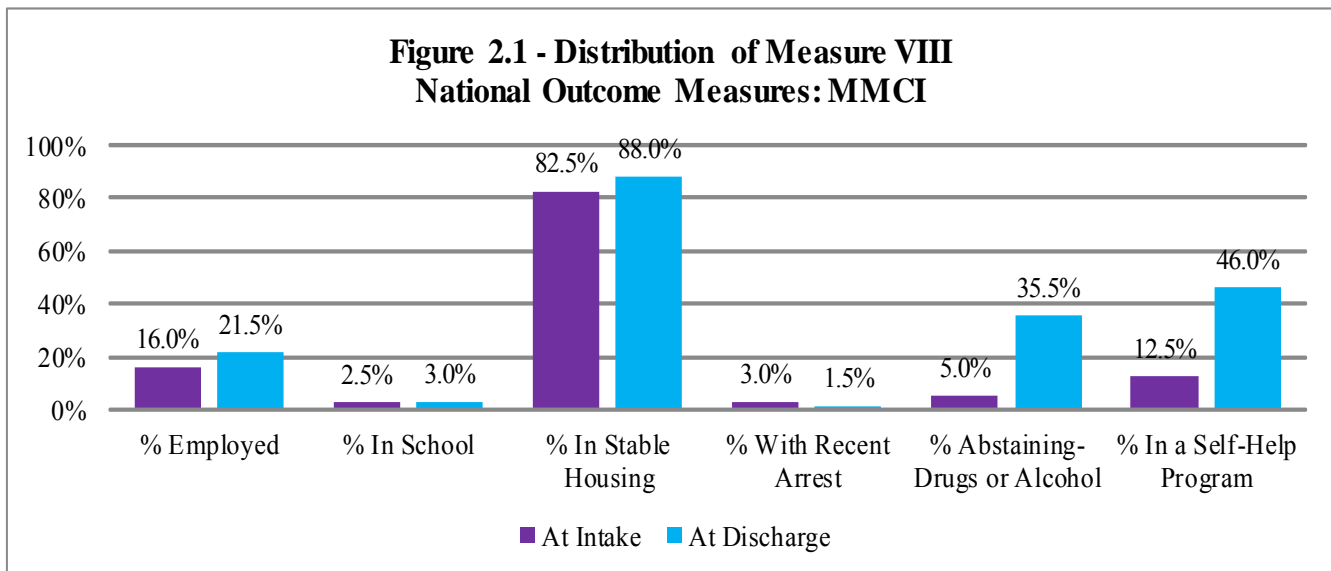
- ◆ 93.6% of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available;
- ◆ 86.2% of records contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone.
- ◆ Other types of outreach conducted to re-engage individuals in treatment included:
  - 0.0% conducted a home visit;
  - 56.8% called the emergency contact;
  - 37.0% contacted other involved agencies; and
  - 2.6% used other attempts for re-engagement.



Table 2.2 and Figure 2.1 illustrate the case file review findings pertaining to Measure VIII, the National Outcome Measures, for MMIC.

This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding National Outcome Measures, 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. Therefore, a lower number of “Yes” responses constitute a more favorable outcome.

Table 2.2 - MMIC Case File Review Findings for Measure VIII					
National Outcome Measures					
National Outcome Measures	Denominator	At Intake		At Discharge	
		# of Yes	% of Yes	# of Yes	% of Yes
A. Employed?	200	32	16.0%	43	21.5%
B. Enrolled in school or vocational educational program?	200	5	2.5%	6	3.0%
C. Lived in a stable housing environment? (Not homeless)	200	165	82.5%	176	88.0%
D. Arrested 30 days prior?	200	6	3.0%	3	1.5%
E. Abstinent from drugs and/or alcohol?	200	10	5.0%	71	35.5%
F. Participated in social support recovery 30 days prior?	200	25	12.5%	92	46.0%



The case review sample population regarding National Outcomes Measures showed higher rates of employment, education, stable housing, abstinence from alcohol, and participation in self-help programs at discharge. The rate of recipients reporting an arrest in the 30 days prior to discharge decreased at discharge compared to rates at intake.



## Case File Review Tool and Instructions

### 2015 Substance Abuse Prevention and Treatment Case File Review Tool

		YES	NO	NA	No Documentation
<b>I</b>	<b>Intake/Treatment Planning</b>				
	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)?			*	*
	7. Document screening for emotional and/or physical abuse/trauma issues.			*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?				*
	ISP:				
	1. Developed with participation of the family/support network?				*
	2. Congruent with the diagnosis (es) and presenting concern(s)?			*	*
	3. Addressed the unique cultural preferences of the individual?			*	*
<b>II</b>	<b>Placement Criteria</b>				
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?			*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	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. Did the individual receive the level of services identified by the placement criteria/assessment?			*	*



	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?			*	*
<b>III</b>	<b>Best Practices</b>				
	A. Were evidence-based practices used in treatment?			*	
	1. The following evidence-based practices were used in treatment:^				
	Contingency management			*	*
	Matrix			*	*
	Seeking Safety			*	*
	Other:			*	*
	B. Medication assisted treatment			*	*
	1. The following medication was used in treatment:^				
	Disulfiram (Antabuse)			*	*
	Buprenorphine			*	*
	Acamprosate (Campral)			*	*
	Naltrexone			*	*
	Suboxone			*	*
	Subutex			*	*
	Methadone			*	*
	Naltrexone, long-acting injectable (Vivitrol)			*	*
	Levo-Alpha-Acetylmethadol (LAAM)			*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?			*	*
	D. Was peer support used as part of treatment?				*
	E. Was there evidence of obtaining the individual's feedback regarding the fit of services and incorporating information to enhance what is working and changing what is not working (e.g., client-directed, outcome-informed treatment)?			*	*
<b>IV</b>	<b>Treatment/Support Services/Rehabilitation Services</b>				
	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			*	*
	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			*	*
	1–4 times during treatment			*	*
	5–12 times during treatment			*	*
	13–20 times during treatment			*	*
	21 or more times during treatment			*	*
	E. If symptomatic improvement was not evident (e.g., decrease in the frequency of target substance use), did the provider revise the treatment approach and/or seek consultation in order to facilitate symptomatic improvement?				*
	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, 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?			*	*
<b>V</b>	<b>Gender Specific (female only)</b>				
	A. If there was a history of domestic violence, was a safety plan completed?				*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?				*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?				*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?				*
	E. If the female had dependent children, was child care addressed?				*
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?				*
<b>VI</b>	<b>Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)</b>				
	A. Was a relapse prevention plan completed?			*	*





	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?			*	*
	C. Was there active coordination with other involved agencies?				*
<b>VII</b>	<b>Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)</b>				
	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				*
	Other			*	*

Measure VIII National Outcome Measures				
National Outcome Measures	At Intake		At Discharge	
	Yes	No	Yes	No
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?				



## **ADHS/DBHS Substance Abuse Prevention and Treatment (SAPT) 2015 Case File Review Instructions**

The items below correspond to the 2015 SAPT 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 length of treatment will range from 30 days to 365 days.

### **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 (1–6), 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 TB screening. If the assessment did not contain documentation of TB screening, answer NO. TB screening may include TB testing; education; referrals for TB screening and services; follow-up counseling that addresses TB services; and an evaluation of history, risk factors, and/or a TB screening tool.

7) 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) 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 (1–2), 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 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

A) Review the case file to determine if the American Society of Addiction Medicine (ASAM) Patient Placement Criteria was completed at intake. If the ASAM tool was completed, answer YES. If the ASAM tool was not completed, answer NO.

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.

## 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:

Contingency management

Matrix

Seeking Safety

Other: Identify other evidence-based practices utilized (i.e., motivational interviewing, cognitive behavioral therapy, or stages of change).

B) Medication assisted treatment (**for substance abuse treatment only**)

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

- Disulfiram (Antabuse)
- Buprenorphine
- Methadone



- Acamprosate (Campral)       Naltrexone
- Suboxone                       Subutex
- Naltrexone, long-acting injectable (Vivitrol)
- Levo-Alpha-Acetylmethadol (LAAM)

**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 used and are 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 there is evidence that the individual's feedback regarding the fit of services was solicited and incorporated to enhance what is working and/or change what is not working. The individual's input may be found in the form of an outcomes rating scale or session rating scale. If evidence is present in the case file, answer YES. If evidence is not present, 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)
- 1–4 times during treatment
- 5–12 times during treatment
- 13–20 times during treatment
- 21 or more times during treatment

**E)** If symptomatic improvement is NOT evident in the case file (e.g., there is no decrease in the frequency of target substance use), 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 is employed).

**H)** If the individual was NOT involved in a meaningful community activity 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 is 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)**

**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 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. 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.

## **VII. 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:

**1.)** 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.

**2.)** 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.

**3.)** Were other attempts made to re-engage, such as:

- a. Home visit?
- b. Call emergency contact(s)?
- c. Contacting other involved agencies?
- d. Other?

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. 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).

### **VIII. National Outcome Measures**

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.

- 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?