

Arizona Health Care Cost Containment System
Division of Health Care Management

**Substance Abuse Prevention and
Treatment
Case File Review Findings
FY 2016**

August 2017



Contents

1. Introduction	1-1
2. Aggregate Case File Review Findings.....	2-1
3. RBHA Case File Review Findings.....	3-1
Cenpatico Integrated Care (CIC).....	3-1
Health Choice Integrated Care (HCIC)	3-12
Mercy Maricopa Integrated Care (MMIC).....	3-23
Appendix A: Case File Review Tool and Instructions.....	A-i

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 Health Care Management (DHCM), 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 abuse 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/DHCM 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/DHCM 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/DHCM developed, implemented, and validated the sampling methodology for the case file review. Members of the study population and sampling frame identified by AHCCCS/DHCM were:

- Substance abuse clients with a substance abuse treatment service and episode of care (EOC) during fiscal year 2016: July 1, 2015, through June 30, 2016.
- Disenrolled from the Arizona behavioral health system with an EOC date prior to June 30, 2016.
- 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.
- Disenrolled due to completing treatment, declining further service, 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.
- Only had a detoxification hospitalization encounter during the treatment episode.

AHCCCS/DHCM randomly selected 250 cases from the eligible population (200 cases for review, plus 50 oversample cases, if needed).

AHCCCS/DHCM 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.

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	%		
Cenpatico Integrated Care	67	33.5%	26	38.8%	41	61.2%	34.3	32
Health Choice Integrated Care	65	32.5%	28	43.1%	37	56.9%	34.1	31
Mercy Maricopa Integrated Care	68	34.0%	22	32.4%	46	67.6%	34.1	31
Total	200	100.0%	76	38.0%	124	62.0%	34.2	31

Table 1-2 and Figure 1-1 illustrate the distribution of the case file review sample by RBHA and reason for closure.

Table 1-2—Distribution Based on Reason for Closure

RBHA	Sample Cases	Client Declined Further Service		Lack of Contact		Treatment Completion		Missing	
		N	%	N	%	N	%	N	%
Cenpatico Integrated Care	67	16	23.9%	32	47.8%	16	23.9%	3	4.5%
Health Choice Integrated Care	65	13	20.0%	32	49.2%	20	30.8%	0	0.0%
Mercy Maricopa Integrated Care	68	24	35.3%	25	36.8%	16	23.5%	3	4.4%
Total	200	53	26.5%	89	44.5%	52	26.0%	6	3.0%

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

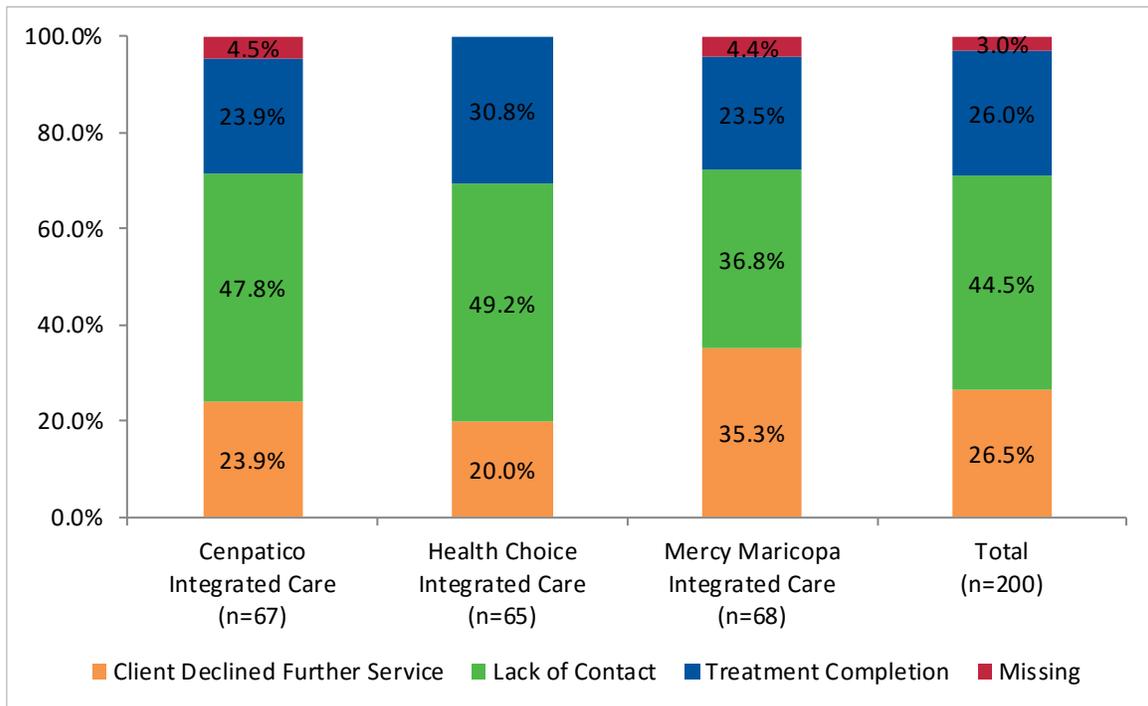


Table 1-3 displays the case file review sample by RBHA and the top three referral sources.

Table 1-3—Top Three Referral Sources*

RBHA	Sample Cases	Referral Sources	N	%
Cenpatico Integrated Care	67	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	31	46.3%
		Self/Family/Friend	15	22.4%
		Arizona Department of Economic Security (Non-urgent DCS; DDD, RSA)	13	19.4%
Health Choice Integrated Care	65	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	33	50.8%
		Self/Family/Friend	23	35.4%
		Arizona Department of Economic Security (Non-urgent DCS; DDD, RSA)	5	7.7%
Mercy Maricopa Integrated Care	68	Self/Family/Friend	33	48.5%
		Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	24	35.3%
		Other Behavioral Health Provider	4	5.9%
Total	200	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	88	44.0%
		Self/Family/Friend	71	35.5%
		Arizona Department of Economic Security (Non-urgent DCS; DDD, RSA)	18	9.0%
		Other Behavioral Health Provider	4	5.9%

*AOC=Administrative Office of the Courts; ADOC = Arizona Department of Corrections; ADJC = Arizona Department of Juvenile Corrections; DCS=Department of Child Safety; DDD = Division of Developmental Disabilities; RSA = Rehabilitation Services Administration

2. Aggregate Case File Review Findings

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

To measure performance across measures I through VII, 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) and “No Documentation” were excluded from the denominator to ensure that only applicable cases were evaluated in the measure’s performance. However, the total number of “NA” and “No Documentation” answers is provided in the “# of NA” and “# of No Documentation” columns. An asterisk (*) represents a standard 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.

Due to the variation in the denominator size of the individual indicators, caution should be used when interpreting the findings. The aggregate results for Measure VIII are presented in Table 2-2 and Figure 2-1.

Questions II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VII.C (other) were for informational purposes and were therefore excluded from scoring.

Table 2-1—Substance Abuse Prevention and Treatment

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
I	Intake/Treatment Planning					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	200	195	97.5%	0	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	195	191	97.9%	*	*
	2. Describe the intensity/frequency of substance use?	195	187	95.9%	*	*
	3. Include the effect of substance use on daily functioning?	195	171	87.7%	*	*
	4. Include the effect of substance use on interpersonal relationships?	195	167	85.6%	*	*
	5. Was a risk assessment completed?	195	186	95.4%	*	*
	6. Document screening for tuberculosis (TB)?	195	48	24.6%	*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?	195	179	91.8%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	198	192	97.0%	2	*
	ISP:					
	1. Developed with participation of the family/support network?	129	61	47.3%	63	*
	2. Congruent with the diagnosis(es) and presenting concern(s)?	192	190	99.0%	*	*
	3. Addressed the unique cultural preferences of the individual?	192	184	95.8%	*	*
II	Placement Criteria					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	200	170	85.0%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	170	1	0.6%	*	*
	OMT: Opioid Maintenance Therapy	170	8	4.7%	*	*

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Level I: Outpatient Treatment	170	106	62.4%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	170	22	12.9%	*	*
	Level III: Residential/Inpatient Treatment	170	33	19.4%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	170	0	0.0%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	170	144	84.7%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	200	126	63.0%	*	*
III	Best Practices					
	A. Were evidence-based practices used in treatment?	144	138	95.8%	*	56
	1. The following evidence-based practices were used in treatment:^					
	Contingency management	138	3	2.2%	*	*
	Matrix	138	81	58.7%	*	*
	Seeking safety	138	19	13.8%	*	*
	Other	138	97	70.3%	*	*
	B. Medication assisted treatment	200	24	12.0%	*	*
	1. The following medication was used in treatment:^					
	Disulfiram (Antabuse)	24	0	0.0%	*	*
	Buprenorphine	24	3	12.5%	*	*
	Acamprosate (Campral)	24	0	0.0%	*	*
	Naltrexone	24	1	4.2%	*	*
	Suboxone	24	2	8.3%	*	*
	Subutex	24	2	8.3%	*	*
	Methadone	24	18	75.0%	*	*
	Levo-alpha-acetylmethadol (LAAM)	24	0	0.0%	*	*

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Naltrexone, long-acting injectable (Vivitrol)	24	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	200	114	57.0%	*	*
	D. Was peer support used as part of treatment?	173	70	40.5%	27	*
	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	119	59.5%	*	*
IV	Treatment/Support Services/Rehabilitation Services					
	A. The following services were used in treatment: [^]					
	Individual counseling/therapy	200	141	70.5%	*	*
	Group counseling/therapy	200	147	73.5%	*	*
	Family counseling/therapy	200	27	13.5%	*	*
	Case management	200	173	86.5%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	184	153	83.2%	16	*
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	200	84	42.0%	*	*
	6–10 sessions	200	27	13.5%	*	*
	11 sessions or more	200	89	44.5%	*	*
	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	164	82.0%	*	*
	1–4 times during treatment	200	18	9.0%	*	*
	5–12 times during treatment	200	10	5.0%	*	*
	13–20 times during treatment	200	4	2.0%	*	*

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	21 or more times during treatment	200	4	2.0%	*	*
	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?	71	53	74.6%	129	*
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?	112	76	67.9%	88	*
	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?	125	66	52.8%	75	*
	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?	134	61	45.5%	66	*
	I. Does the documentation reflect that substance abuse services were provided?	200	179	89.5%	*	*
V	Gender Specific (female only)					
	A. If there was a history of domestic violence, was a safety plan completed?	18	11	61.1%	58	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	10	7	70.0%	66	*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	10	6	60.0%	66	*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?	8	3	37.5%	68	*
	E. If the female had dependent children, was child care addressed?	34	21	61.8%	42	*
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	63	13	20.6%	13	*

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
VI	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)					
	A. Was a relapse prevention plan completed?	136	74	54.4%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	141	92	65.2%	*	*
	C. Was there active coordination with other involved agencies?	100	74	74.0%	40	*
VII	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)?	153	118	77.1%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	113	83	73.5%	38	*
	C. Were other attempts made to re-engage the individual, such as: [^]					
	Home visit	109	25	22.9%	43	*
	Call emergency contact(s)	110	40	36.4%	39	*
	Contacting other involved agencies	103	48	46.6%	46	*
	Other	144	39	27.1%	*	*

*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

- 97.5 percent of the sampled behavioral health records contained evidence that a behavioral health assessment was completed within the required period 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 24.6 percent to 97.9 percent.
- 24.6 percent of the behavioral health assessments contained documentation of tuberculosis screening.
- 91.8 percent of the behavioral health assessments contained documentation of screening for emotional and/or physical abuse/trauma issues.

Individual Service Plan (ISP)

- 97.0 percent of the sampled behavioral health records contained evidence that an ISP was completed within the required period of 90 days from the individual's initial appointment.
- 99.0 percent of the records contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 95.8 percent of the records contained evidence that the ISP addressed the individual's unique cultural preferences.

Measure II—Placement Criteria

- 85.0 percent 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.
- 84.7 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 63.0 percent 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

- 95.8 percent of sampled behavioral health records contained documentation that evidence-based practices were used in treatment. There were 56 records without sufficient documentation to determine if evidence-based practices were used. The reviewers could select more than one response for III.A.1.
- 57.0 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.
- 40.5 percent of records contained evidence that peer support was used in treatment.
- 59.5 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 86.5 percent of individuals received case management services, 73.5 percent of individuals received group counseling/therapy, 70.5 percent received individual counseling/therapy, and 13.5 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 44.5 percent of the records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 13.5 percent completed six to 10 sessions, and 42.0 percent completed zero to five sessions.
- 82.0 percent of records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- 83.2 percent of records contained documentation of progress or lack of progress toward the identified ISP goals.
- When symptomatic improvement was not evident, 74.6 percent of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 67.9 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.
- 52.8 percent 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.
- 45.5 percent 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.
- 89.5 percent of records contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- 70.0 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician.
- 61.8 percent of records demonstrated evidence that child care was addressed for women who had dependent children.
- Evidence of gender-specific treatment services was found in 20.6 percent of records.

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

- 54.4 percent of the sampled behavioral health records contained evidence that a relapse prevention plan was completed.
- 65.2 percent of records contained documentation that the individual received information pertaining to community supports and other individualized support services.

- Evidence of active coordination of care with other involved agencies was found in 74.0 percent of the records.

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

- 77.1 percent of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 73.5 percent 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 contacting other involved agencies, documented in 46.6 percent of records; conducting a home visit, evident in 22.9 percent of records; calling the emergency contact, documented in 36.4 percent of records; and other efforts, evident in 27.1 percent of records. The reviewer could select more than one response to this question.

(This page has been intentionally left blank.)

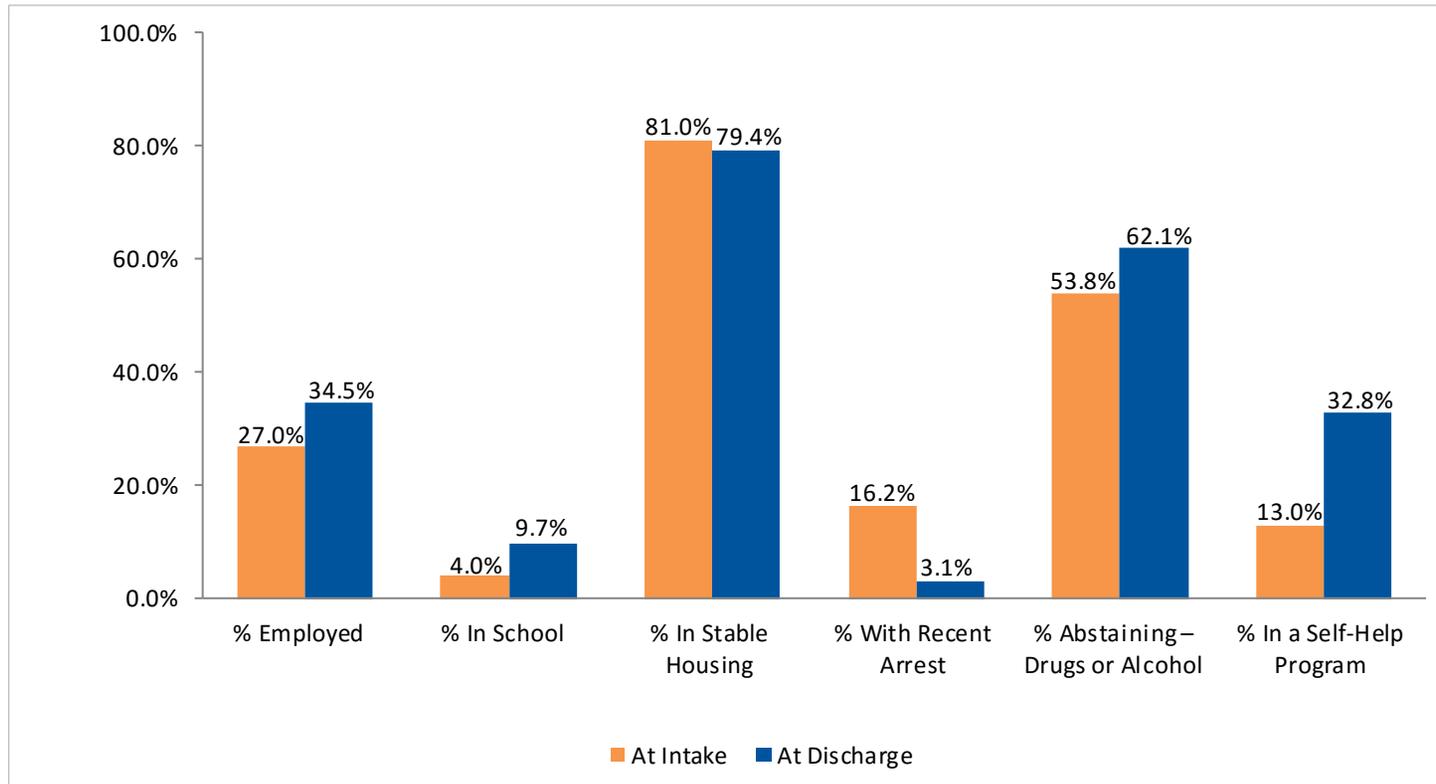
Table 2-2 and Figure 2-1 illustrate the aggregate case file review findings pertaining to Measure VIII, the National Outcome Measures (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures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

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

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	200	54	27.0%	197	68	34.5%
B. Enrolled in school or vocational educational program?	200	8	4.0%	195	19	9.7%
C. Lived in a stable housing environment? (Not homeless)	200	162	81.0%	199	158	79.4%
D. Arrested 30 days prior?	197	32	16.2%	194	6	3.1%
E. Abstinent from drugs and/or alcohol?	199	107	53.8%	198	123	62.1%
F. Participated in social support recovery 30 days prior?	200	26	13.0%	198	65	32.8%

Note: A response option was not available for a limited number of members regarding whether or not selected NOM indicators were completed at program intake.

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



3. RBHA Case File Review Findings

Cenpatico Integrated Care (CIC)

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

Due to the denominator sizes of the individual indicators, caution should be used when interpreting the results.

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

Table 3-1—Substance Abuse Prevention and Treatment

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
I	Intake/Treatment Planning					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	67	64	95.5%	0	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	64	62	96.9%	*	*
	2. Describe the intensity/frequency of substance use?	64	62	96.9%	*	*
	3. Include the effect of substance use on daily functioning?	64	57	89.1%	*	*
	4. Include the effect of substance use on interpersonal relationships?	64	55	85.9%	*	*
	5. Was a risk assessment completed?	64	62	96.9%	*	*
	6. Document screening for tuberculosis (TB)?	64	12	18.8%	*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?	64	60	93.8%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	67	64	95.5%	0	*

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	ISP:					
	1. Developed with participation of the family/support network?	46	25	54.3%	18	*
	2. Congruent with the diagnosis(es) and presenting concern(s)?	64	64	100.0%	*	*
	3. Addressed the unique cultural preferences of the individual?	64	63	98.4%	*	*
II	Placement Criteria					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	67	48	71.6%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	48	0	0.0%	*	*
	OMT: Opioid Maintenance Therapy	48	5	10.4%	*	*
	Level I: Outpatient Treatment	48	32	66.7%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	48	7	14.6%	*	*
	Level III: Residential/Inpatient Treatment	48	4	8.3%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	48	0	0.0%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	48	42	87.5%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	67	38	56.7%	*	*
III	Best Practices					
	A. Were evidence-based practices used in treatment?	44	44	100.0%	*	23
	1. The following evidence-based practices were used in treatment: [^]					
	Contingency management	44	0	0.0%	*	*
	Matrix	44	27	61.4%	*	*
	Seeking safety	44	3	6.8%	*	*

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Other	44	32	72.7%	*	*
	B. Medication-assisted treatment	67	9	13.4%	*	*
	1. The following medication was used in treatment: [^]					
	Disulfiram (Antabuse)	9	0	0.0%	*	*
	Buprenorphine	9	1	11.1%	*	*
	Acamprosate (Campral)	9	0	0.0%	*	*
	Naltrexone	9	0	0.0%	*	*
	Suboxone	9	2	22.2%	*	*
	Subutex	9	2	22.2%	*	*
	Methadone	9	6	66.7%	*	*
	Levo-alpha-acetylmethadol (LAAM)	9	0	0.0%	*	*
	Naltrexone, long-acting injectable (Vivitrol)	9	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	67	39	58.2%	*	*
	D. Was peer support used as part of treatment?	60	23	38.3%	7	*
	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)?	67	40	59.7%	*	*
IV	Treatment/Support Services/Rehabilitation Services					
	A. The following services were used in treatment: [^]					
	Individual counseling/therapy	67	46	68.7%	*	*
	Group counseling/therapy	67	51	76.1%	*	*
	Family counseling/therapy	67	14	20.9%	*	*
	Case management	67	62	92.5%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	63	51	81.0%	4	*

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	67	26	38.8%	*	*
	6–10 sessions	67	9	13.4%	*	*
	11 sessions or more	67	32	47.8%	*	*
	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	67	58	86.6%	*	*
	1–4 times during treatment	67	7	10.4%	*	*
	5–12 times during treatment	67	2	3.0%	*	*
	13–20 times during treatment	67	0	0.0%	*	*
	21 or more times during treatment	67	0	0.0%	*	*
	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?	22	17	77.3%	45	*
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?	31	22	71.0%	36	*
	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?	40	25	62.5%	27	*
	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?	44	20	45.5%	23	*
	I. Does the documentation reflect that substance abuse services were provided?	67	62	92.5%	*	*

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
V	Gender Specific (female only)					
	A. If there was a history of domestic violence, was a safety plan completed?	8	6	75.0%	18	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	4	3	75.0%	22	*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	5	3	60.0%	21	*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?	2	1	50.0%	24	*
	E. If the female had dependent children, was child care addressed?	12	7	58.3%	14	*
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	19	9	47.4%	7	*
VI	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)					
	A. Was a relapse prevention plan completed?	48	27	56.3%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	49	29	59.2%	*	*
	C. Was there active coordination with other involved agencies?	34	29	85.3%	15	*
VII	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)?	53	46	86.8%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	38	32	84.2%	12	*
	C. Were other attempts made to re-engage the individual, such as: [^]					
	Home visit	36	19	52.8%	16	*

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Call emergency contact(s)	34	20	58.8%	16	*
	Contacting other involved agencies	32	18	56.3%	18	*
	Other	47	15	31.9%	*	*

*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

- 95.5 percent of the sampled behavioral health records 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 assessment (I.A.1–7) ranged from 18.8 percent to 96.9 percent.
- 18.8 percent of the behavioral health assessments contained documentation of tuberculosis screening.
- Documentation of substance-related disorders, the intensity/frequency of substance abuse, and assessment of risk were present in 96.9 percent of the required components of a behavioral health assessment.

Individual Service Plan (ISP)

- 95.5 percent 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.
- 100 percent of the records contained evidence that the ISP was congruent with the individual’s diagnosis(es) and presenting concern(s).
- 54.3 percent of the records contained evidence that the ISP was developed with the participation of the family/support network.

Measure II—Placement Criteria

- 71.6 percent 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.
- 87.5 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 56.7 percent 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

- 100 percent of sampled behavioral health records contained documentation that evidence-based practices were used in treatment. Twenty-three records lacked sufficient documentation to determine if evidence-based practices were used. The reviewers could select more than one response for Question III.A.1.
- Medication-assisted treatment was documented in 13.4 percent of the sampled behavioral health records.
- 58.2 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.
- 38.3 percent of sampled behavioral health records contained evidence that peer support was used in treatment. Seven records contained documentation that peer support was declined by the individual.
- 59.7 percent of sampled behavioral health 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 92.5 percent of individuals received case management services, 76.1 percent of individuals received group counseling/therapy, 68.7 percent received individual counseling/therapy, and 20.9 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 81.0 percent of records contained documentation of progress or lack of progress toward the identified ISP goals. Four records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 47.8 percent of the records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 13.4 percent completed six to 10 sessions, and 38.8 percent completed zero to five sessions.
- 86.6 percent of records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- When symptomatic improvement was not evident, 77.3 percent of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 71.0 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.
- 62.5 percent 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.

- 45.5 percent 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.
- 92.5 percent of records contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- 75.0 percent of the sampled behavioral health records contained a completed safety plan in cases where there was a history of domestic violence.
- 75.0 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician.
- Evidence of gender-specific treatment services was found in 47.4 percent of records.

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

- 56.3 percent of the sampled behavioral health records contained evidence that a relapse prevention plan was completed.
- 59.2 percent of records contained documentation that the individual received information pertaining to community supports and other individualized supports.
- Evidence of active coordination of care with other involved agencies was found in 85.3 percent of the records.

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

- 86.8 percent of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 84.2 percent of records contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 12 cases, a letter was not mailed as the individual was contacted by other means.
- Other types of outreach conducted to re-engage individuals in treatment included conducting a home visit, documented in 52.8 percent of records; contacting other involved agencies, evident in 56.3 percent of records; and calling the emergency contact, documented in 58.8 percent of records. The reviewer could select more than one response to this question.

(This page has been intentionally left blank.)

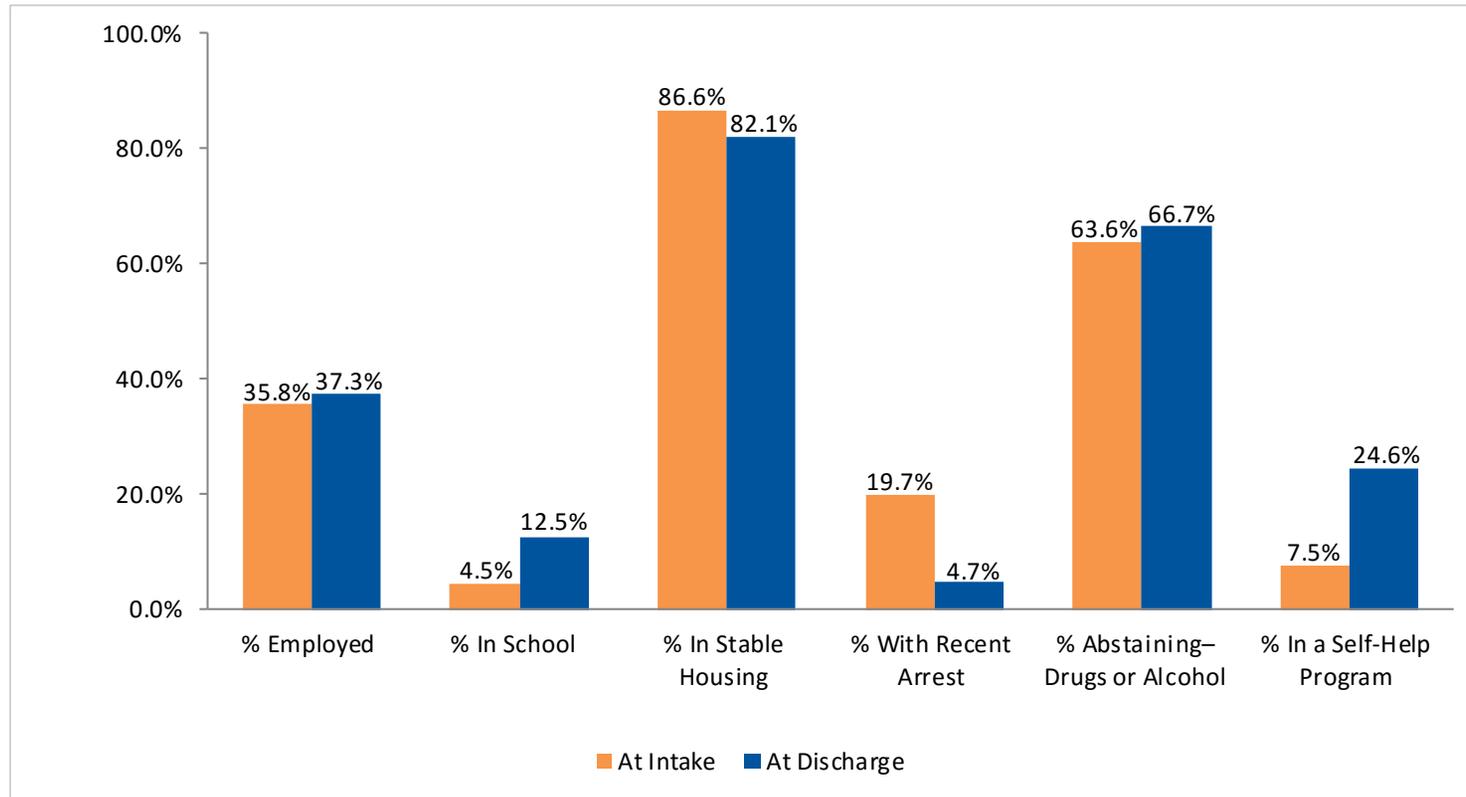
Table 3-2 and Figure 3-1 illustrate the CIC case file review findings pertaining to Measure VIII, the National Outcome Measures (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures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

**Table 3-2—Cenpatico Integrated Care Case File Review Findings for Measure VIII
National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	67	24	35.8%	67	25	37.3%
B. Enrolled in school or vocational educational program?	67	3	4.5%	64	8	12.5%
C. Lived in a stable housing environment? (Not homeless)	67	58	86.6%	67	55	82.1%
D. Arrested 30 days prior?	66	13	19.7%	64	3	4.7%
E. Abstinent from drugs and/or alcohol?	66	42	63.6%	66	44	66.7%
F. Participated in social support recovery 30 days prior?	67	5	7.5%	65	16	24.6%

Note: A response option was not available for one member regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-1—Distribution of Measure VIII
National Outcome Measures: Cenpatco Integrated Care**



Health Choice Integrated Care (HCIC)

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

Due to the denominator sizes of the individual indicators, caution should be used when interpreting the results.

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

Table 3-3—Substance Abuse Prevention and Treatment

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
I	Intake/Treatment Planning					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	65	64	98.5%	0	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	64	64	100.0%	*	*
	2. Describe the intensity/frequency of substance use?	64	62	96.9%	*	*
	3. Include the effect of substance use on daily functioning?	64	57	89.1%	*	*
	4. Include the effect of substance use on interpersonal relationships?	64	57	89.1%	*	*
	5. Was a risk assessment completed?	64	61	95.3%	*	*
	6. Document screening for tuberculosis (TB)?	64	11	17.2%	*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?	64	57	89.1%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	64	63	98.4%	1	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	ISP:					
	1. Developed with participation of the family/support network?	37	11	29.7%	26	*
	2. Congruent with the diagnosis(es) and presenting concern(s)?	63	61	96.8%	*	*
	3. Addressed the unique cultural preferences of the individual?	63	59	93.7%	*	*
II	Placement Criteria					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	65	62	95.4%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	62	1	1.6%	*	*
	OMT: Opioid Maintenance Therapy	62	2	3.2%	*	*
	Level I: Outpatient Treatment	62	49	79.0%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	62	7	11.3%	*	*
	Level III: Residential/Inpatient Treatment	62	3	4.8%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	62	0	0.0%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	62	50	80.6%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	65	38	58.5%	*	*
III	Best Practices					
	A. Were evidence-based practices used in treatment?	49	46	93.9%	*	16
	1. The following evidence-based practices were used in treatment: [^]					
	Contingency management	46	2	4.3%	*	*
	Matrix	46	28	60.9%	*	*
	Seeking safety	46	12	26.1%	*	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Other	46	30	65.2%	*	*
	B. Medication assisted treatment	65	8	12.3%	*	*
	1. The following medication was used in treatment: [^]					
	Disulfiram (Antabuse)	8	0	0.0%	*	*
	Buprenorphine	8	1	12.5%	*	*
	Acamprosate (Campral)	8	0	0.0%	*	*
	Naltrexone	8	1	12.5%	*	*
	Suboxone	8	0	0.0%	*	*
	Subutex	8	0	0.0%	*	*
	Methadone	8	6	75.0%	*	*
	Levo-alpha-acetylmethadol (LAAM)	8	0	0.0%	*	*
	Naltrexone, long-acting injectable (Vivitrol)	8	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	65	33	50.8%	*	*
	D. Was peer support used as part of treatment?	52	22	42.3%	13	*
	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)?	65	40	61.5%	*	*
IV	Treatment/Support Services/Rehabilitation Services					
	A. The following services were used in treatment: [^]					
	Individual counseling/therapy	65	44	67.7%	*	*
	Group counseling/therapy	65	43	66.2%	*	*
	Family counseling/therapy	65	4	6.2%	*	*
	Case management	65	55	84.6%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	60	46	76.7%	5	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	65	32	49.2%	*	*
	6–10 sessions	65	8	12.3%	*	*
	11 sessions or more	65	25	38.5%	*	*
	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	65	56	86.2%	*	*
	1–4 times during treatment	65	4	6.2%	*	*
	5–12 times during treatment	65	2	3.1%	*	*
	13–20 times during treatment	65	2	3.1%	*	*
	21 or more times during treatment	65	1	1.5%	*	*
	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?	23	16	69.6%	42	*
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?	36	24	66.7%	29	*
	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?	46	21	45.7%	19	*
	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?	43	22	51.2%	22	*
	I. Does the documentation reflect that substance abuse services were provided?	65	52	80.0%	*	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
V	Gender Specific (female only)					
	A. If there was a history of domestic violence, was a safety plan completed?	4	1	25.0%	24	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	3	2	66.7%	25	*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	3	2	66.7%	25	*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?	3	1	33.3%	25	*
	E. If the female had dependent children, was child care addressed?	15	8	53.3%	13	*
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	24	0	0.0%	4	*
VI	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)					
	A. Was a relapse prevention plan completed?	39	19	48.7%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	40	25	62.5%	*	*
	C. Was there active coordination with other involved agencies?	26	17	65.4%	13	*
VII	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)?	45	37	82.2%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	39	26	66.7%	7	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	C. Were other attempts made to re-engage the individual, such as: [^]					
	Home visit	37	2	5.4%	9	*
	Call emergency contact(s)	38	8	21.1%	8	*
	Contacting other involved agencies	33	10	30.3%	13	*
	Other	45	13	28.9%	*	*

*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

- 98.5 percent of the sampled behavioral health records 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 assessment (I.A.1–7) ranged from 17.2 percent to 100 percent.
- 17.2 percent of the behavioral health assessments contained documentation of tuberculosis screening.
- 100 percent of the sampled behavioral health assessments addressed the substance-related disorders(s).

Individual Service Plan (ISP)

- 98.4 percent 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. One case had no ISP and closed prior to the required 90 days from the initial appointment.
- 96.8 percent of the records contained evidence that the ISP was congruent with the individual’s diagnosis(es) and presenting concern(s).
- 29.7 percent of the records 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 inclusion of others in the service planning process.

Measure II—Placement Criteria

- 95.4 percent 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.

- 80.6 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 58.5 percent 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

- 93.9 percent of sampled behavioral health records contained documentation that evidence-based practices were used in treatment. Sixteen records lacked sufficient documentation to determine if evidence-based practices were used. The reviewers could select more than one response for Question III.A.1.
- Medication-assisted treatment was documented in 12.3 percent of the sampled behavioral health records.
- 50.8 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.
- 42.3 percent of sampled behavioral health records contained evidence that peer support was used in treatment. Thirteen records contained documentation that peer support was declined by the individual.
- 61.5 percent of sampled behavioral health 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 84.6 percent of individuals received case management services, 66.2 percent of individuals received group counseling/therapy, 67.7 percent received individual counseling/therapy, and 6.2 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 76.7 percent of records contained documentation of progress or lack of progress toward the identified ISP goals. Five records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 38.5 percent of the records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 12.3 percent completed six to 10 sessions, and 49.2 percent completed zero to five sessions.
- 86.2 percent of records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- When symptomatic improvement was not evident, 69.6 percent of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 66.7 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.

- 45.7 percent 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.
- 51.2 percent 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.
- 80.0 percent of records contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- 25.0 percent of the sampled behavioral health records contained a completed safety plan in cases where there was a history of domestic violence.
- 66.7 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician. Education on the effects of substance abuse on fetal development was documented in 66.7 percent of the records of pregnant females.
- Evidence of gender-specific treatment services was found in 0.0 percent of records. In four cases, documentation demonstrated evidence that the individual declined gender-specific treatment services.

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

- 48.7 percent of the sampled behavioral health records contained evidence that a relapse prevention plan was completed.
- 62.5 percent of records contained documentation that the individual received information pertaining to community supports and other individualized supports.
- Evidence of active coordination of care with other involved agencies was found in 65.4 percent of the records.

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

- 82.2 percent of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 66.7 percent of records contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In seven cases, a letter was not mailed as the individual was contacted by other means.
- Other types of outreach conducted to re-engage individuals in treatment included conducting a home visit, documented in 5.4 percent of records; contacting other involved agencies, evident in 30.3 percent of records; and calling the emergency contact, documented in 21.1 percent of records. The reviewer could select more than one response to this question.

(This page has been intentionally left blank.)

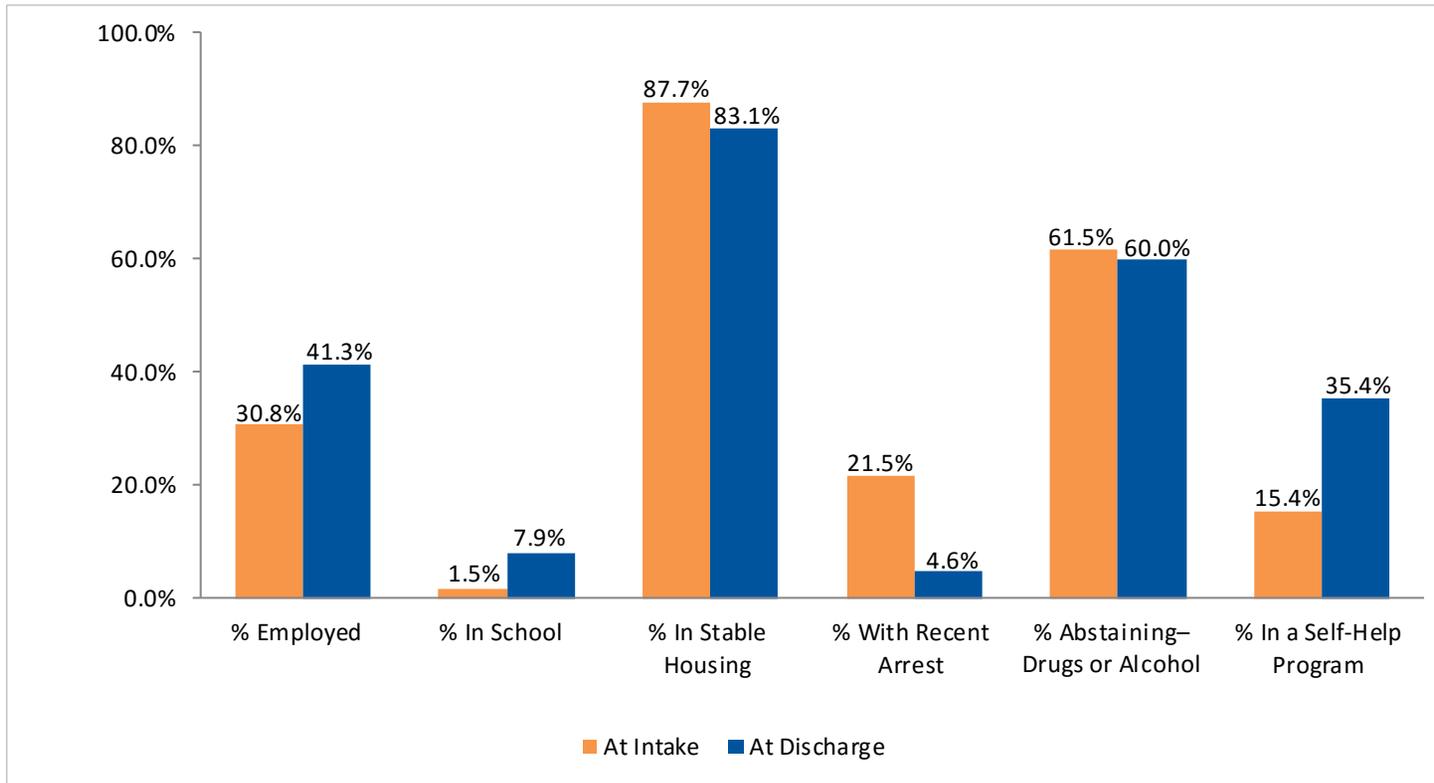
Table 3-4 and Figure 3-2 illustrate the HCIC case file review findings pertaining to Measure VIII (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history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

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

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	65	20	30.8%	63	26	41.3%
B. Enrolled in school or vocational educational program?	65	1	1.5%	63	5	7.9%
C. Lived in a stable housing environment? (Not homeless)	65	57	87.7%	65	54	83.1%
D. Arrested 30 days prior?	65	14	21.5%	65	3	4.6%
E. Abstinent from drugs and/or alcohol?	65	40	61.5%	65	39	60.0%
F. Participated in social support recovery 30 days prior?	65	10	15.4%	65	23	35.4%

Note: A response option was not available for one member regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-2—Distribution of Measure VIII
National Outcome Measures: Health Choice Integrated Care**



Mercy Maricopa Integrated Care (MMIC)

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

Due to the denominator sizes of the individual indicators, caution should be used when interpreting the results.

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

Table 3-5—Substance Abuse Prevention and Treatment

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
I	Intake/Treatment Planning					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	68	67	98.5%	0	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	67	65	97.0%	*	*
	2. Describe the intensity/frequency of substance use?	67	63	94.0%	*	*
	3. Include the effect of substance use on daily functioning?	67	57	85.1%	*	*
	4. Include the effect of substance use on interpersonal relationships?	67	55	82.1%	*	*
	5. Was a risk assessment completed?	67	63	94.0%	*	*
	6. Document screening for tuberculosis (TB)?	67	25	37.3%	*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?	67	62	92.5%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	67	65	97.0%	1	*
	ISP:					
	1. Developed with participation of the family/support network?	46	25	54.3%	19	*

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	2. Congruent with the diagnosis(es) and presenting concern(s)?	65	65	100.0%	*	*
	3. Addressed the unique cultural preferences of the individual?	65	62	95.4%	*	*
II	Placement Criteria					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	68	60	88.2%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	60	0	0.0%	*	*
	OMT: Opioid Maintenance Therapy	60	1	1.7%	*	*
	Level I: Outpatient Treatment	60	25	41.7%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	60	8	13.3%	*	*
	Level III: Residential/Inpatient Treatment	60	26	43.3%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	60	0	0.0%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	60	52	86.7%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	68	50	73.5%	*	*
III	Best Practices					
	A. Were evidence-based practices used in treatment?	51	48	94.1%	*	17
	1. The following evidence-based practices were used in treatment:^					
	Contingency management	48	1	2.1%	*	*
	Matrix	48	26	54.2%	*	*
	Seeking safety	48	4	8.3%	*	*
	Other	48	35	72.9%	*	*
	B. Medication assisted treatment	68	7	10.3%	*	*

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII

		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	1. The following medication was used in treatment: [^]					
	Disulfiram (Antabuse)	7	0	0.0%	*	*
	Buprenorphine	7	1	14.3%	*	*
	Acamprosate (Campral)	7	0	0.0%	*	*
	Naltrexone	7	0	0.0%	*	*
	Suboxone	7	0	0.0%	*	*
	Subutex	7	0	0.0%	*	*
	Methadone	7	6	85.7%	*	*
	Levo-alpha-acetylmethadol (LAAM)	7	0	0.0%	*	*
	Naltrexone, long-acting injectable (Vivitrol)	7	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	68	42	61.8%	*	*
	D. Was peer support used as part of treatment?	61	25	41.0%	7	*
	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)?	68	39	57.4%	*	*
IV	Treatment/Support Services/Rehabilitation Services					
	A. The following services were used in treatment: [^]					
	Individual counseling/therapy	68	51	75.0%	*	*
	Group counseling/therapy	68	53	77.9%	*	*
	Family counseling/therapy	68	9	13.2%	*	*
	Case management	68	56	82.4%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	61	56	91.8%	7	*
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	68	26	38.2%	*	*
	6–10 sessions	68	10	14.7%	*	*

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII

		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	11 sessions or more	68	32	47.1%	*	*
	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	68	50	73.5%	*	*
	1–4 times during treatment	68	7	10.3%	*	*
	5–12 times during treatment	68	6	8.8%	*	*
	13–20 times during treatment	68	2	2.9%	*	*
	21 or more times during treatment	68	3	4.4%	*	*
	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?	26	20	76.9%	42	*
	F. If the individual was unemployed during intake, was there evidence that the individual’s interest in finding employment was explored?	45	30	66.7%	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?	39	20	51.3%	29	*
	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?	47	19	40.4%	21	*
	I. Does the documentation reflect that substance abuse services were provided?	68	65	95.6%	*	*
V	Gender Specific (female only)					
	A. If there was a history of domestic violence, was a safety plan completed?	6	4	66.7%	16	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	3	2	66.7%	19	*

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII

		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	2	1	50.0%	20	*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?	3	1	33.3%	19	*
	E. If the female had dependent children, was child care addressed?	7	6	85.7%	15	*
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	20	4	20.0%	2	*
VI	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)					
	A. Was a relapse prevention plan completed?	49	28	57.1%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	52	38	73.1%	*	*
	C. Was there active coordination with other involved agencies?	40	28	70.0%	12	*
VII	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)?	55	35	63.6%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	36	25	69.4%	19	*
	C. Were other attempts made to re-engage the individual, such as: [^]					
	Home visit	36	4	11.1%	18	*
	Call emergency contact(s)	38	12	31.6%	15	*
	Contacting other involved agencies	38	20	52.6%	15	*
	Other	52	11	21.2%	*	*

*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

- 98.5 percent of the sampled behavioral health records 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 assessment (I.A.1–7) ranged from 37.3 percent to 97.0 percent.
- 37.3 percent of the behavioral health assessments contained documentation of tuberculosis screening.
- 97.0 percent of the sampled behavioral health assessments addressed the substance-related disorders(s).

Individual Service Plan (ISP)

- 97.0 percent 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. One case had no ISP and closed prior to the required 90 days from the initial appointment.
- 100 percent of the records contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 54.3 percent of the records contained evidence that the ISP was developed with the participation of the family/support network. In 19 cases, there was no family/support network or the individual declined inclusion of others in the service planning process.

Measure II—Placement Criteria

- 88.2 percent 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.
- 86.7 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 73.5 percent 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

- 94.1 percent of sampled behavioral health records contained documentation that evidence-based practices were used in treatment. Seventeen records lacked sufficient documentation to determine if evidence-based practices were used. The reviewers could select more than one response for Question III.A.1.
- Medication-assisted treatment was documented in 10.3 percent of the sampled behavioral health records.
- 61.8 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.

- 41.0 percent of sampled behavioral health records contained evidence that peer support was used in treatment. Seven records contained documentation that peer support was declined by the individual.
- 57.4 percent of sampled behavioral health 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 82.4 percent of individuals received case management services, 77.9 percent of individuals received group counseling/therapy, 75.0 percent received individual counseling/therapy, and 13.2 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 91.8 percent of records contained documentation of progress or lack of progress toward the identified ISP goals. Seven records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 47.1 percent of the records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 14.7 percent completed six to 10 sessions, and 38.2 percent completed zero to five sessions.
- 73.5 percent of records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- When symptomatic improvement was not evident, 76.9 percent of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 66.7 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.
- 51.3 percent 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.
- 40.4 percent 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.
- 95.6 percent of records contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- 66.7 percent of the sampled behavioral health records contained a completed safety plan in cases where there was a history of domestic violence.
- 66.7 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician. Education on the effects of substance abuse on fetal development was documented in 50.0 percent of the records of pregnant females.

- Evidence of gender-specific treatment services was found in 20.0 percent of records. In two cases, documentation demonstrated evidence that the individual declined gender-specific treatment services.

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

- 57.1 percent of the sampled behavioral health records contained evidence that a relapse prevention plan was completed.
- 73.1 percent of records contained documentation that the individual received information pertaining to community supports and other individualized supports.
- Evidence of active coordination of care with other involved agencies was found in 70.0 percent of the records.

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

- 63.6 percent of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 69.4 percent of records contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 19 cases, a letter was not mailed as the individual was contacted by other means.
- Other types of outreach conducted to re-engage individuals in treatment included conducting a home visit, documented in 11.1 percent of records; contacting other involved agencies, evident in 52.6 percent of records; and calling the emergency contact, documented in 31.6 percent of records. The reviewer could select more than one response to this question.

(This page has been intentionally left blank.)

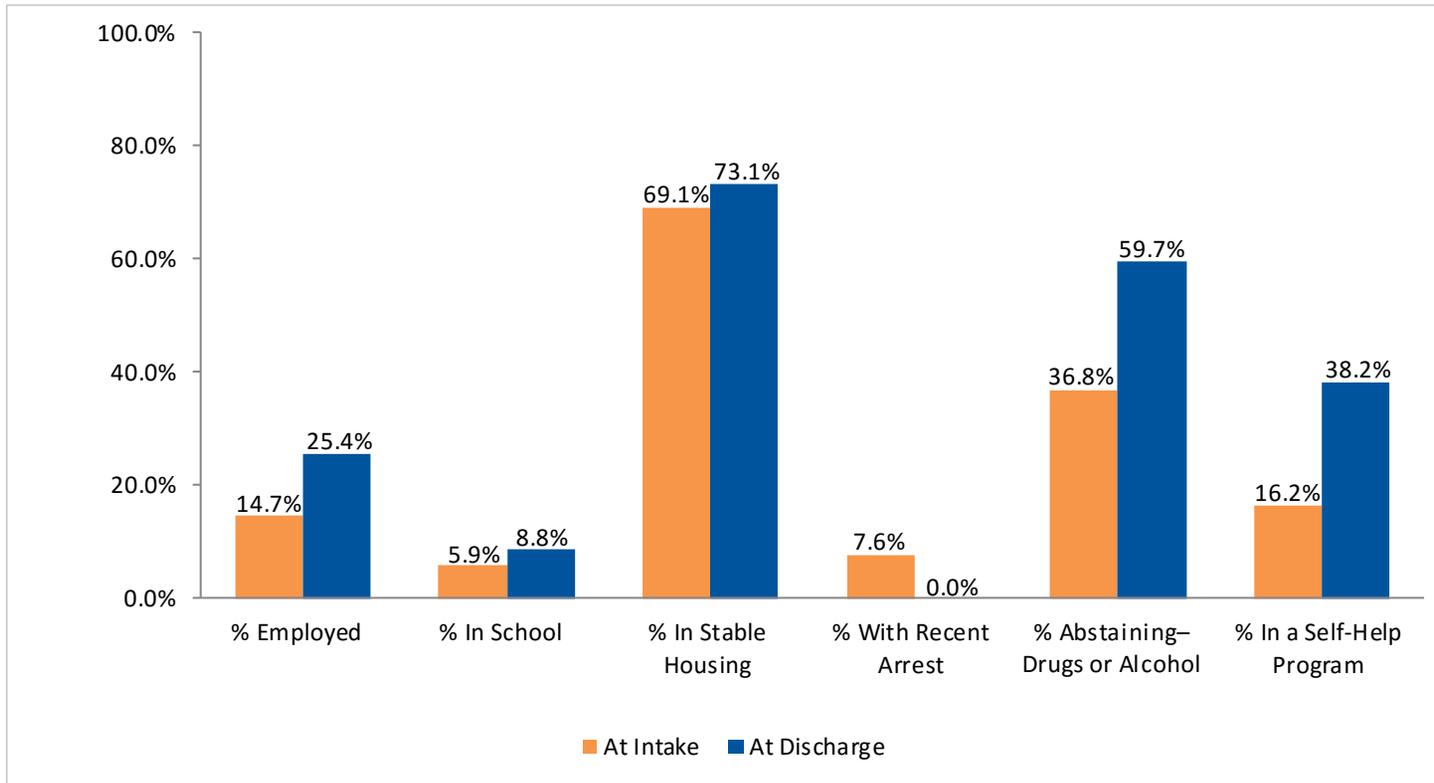
Table 3-6 and Figure 3-3 illustrate the MMIC case file review findings pertaining to Measure VIII (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history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

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

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	68	10	14.7%	67	17	25.4%
B. Enrolled in school or vocational educational program?	68	4	5.9%	68	6	8.8%
C. Lived in a stable housing environment? (Not homeless)	68	47	69.1%	67	49	73.1%
D. Arrested 30 days prior?	66	5	7.6%	65	0	0.0%
E. Abstinent from drugs and/or alcohol?	68	25	36.8%	67	40	59.7%
F. Participated in social support recovery 30 days prior?	68	11	16.2%	68	26	38.2%

Note: A response option was not available for two members regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-3—Distribution of Measure VIII
National Outcome Measures: Mercy Maricopa Integrated 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/DHCM and provided to HSAG.

2016 Substance Abuse Prevention and Treatment Case File Review Tool

		YES	NO	NA	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)?			*	*
	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?			*	*
II	Placement Criteria				
	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			*	*

2016 Substance Abuse Prevention and Treatment Case File Review Tool

		YES	NO	NA	No Documentation
	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 ASAM Patient Placement Criteria used during the course of treatment?			*	*
III	Best Practices				
	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 medications were used in treatment:^				
	Disulfiram (Antabuse)			*	*
	Buprenorphine			*	*
	Acamprosate (Campral)			*	*
	Naltrexone			*	*
	Suboxone			*	*
	Subutex			*	*
	Methadone			*	*
	Levo-alpha-acetylmethadol (LAAM)				
	Naltrexone, long acting (Vivitrol)			*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?			*	*
	D. Was peer support used as part of treatment?				*

2016 Substance Abuse Prevention and Treatment Case File Review Tool

		YES	NO	NA	No Documentation
	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)?			*	*
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			*	*
	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?				*

2016 Substance Abuse Prevention and Treatment Case File Review Tool

		YES	NO	NA	No Documentation
	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?			*	*
V	Gender Specific (female only)				
	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)?				*
VI	Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)				
	A. Was a relapse prevention plan completed?			*	*

2016 Substance Abuse Prevention and Treatment Case File Review Tool

		YES	NO	NA	No Documentation
	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?				*
VII	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				*
	Other			*	*

*Not an option for this question.

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

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?				



AHCCCS/DHCM Substance Abuse Prevention and Treatment (SAPT) 2016 Case File Review Instructions

The items below correspond to the 2016 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 date of intake and date of closure are pre-populated on the case file review tool.

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 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 this documentation, 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 (1–3), 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 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. **Please see the resource material pertaining to evidence-based practices.** 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). Enter the evidence-based practice in the text box.

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

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

- Disulfiram (Antabuse)
- Buprenorphine
- Acamprosate (Campral)
- Naltrexone

- Suboxone
- Naltrexone, long-acting injectable (Vivitrol)
- Levo-alpha-acetylmethadol (LAAM)
- Methadone
- Subutex

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 educational 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?