Arizona Health Care Cost Containment System

Division of Health Care Management

Substance Abuse Prevention and Treatment Case File Review Findings FY 2018

June 2019

HSAG HEALTH SERVICES ADVISORY GROUP

Contents

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 use testing reports
- Discharge summary report

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

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

- Substance abuse clients with a substance abuse treatment service and episode of care (EOC) during fiscal year 2018: July 1, 2017, through June 30, 2018.
- Disenrolled/EOC end date before or on June 30, 2018.
- At least 18 years of age during the treatment episode.
- Within Behavioral Health Category G, which refers to adults who received substance abuse services and were not diagnosed with a serious mental illness.
- Enrolled in geographic service area (GSA) 6, GSA 7, or GSA 8.
- Disenrolled due to completing treatment, declining further service, or lack of contact.
- A minimum of 5 percent of the provider agencies for each GSA must be sampled.
- A total client sample size consisting of 200 records.
- Clients must have received substance abuse treatment during the treatment period.
- Clients must have received a counseling treatment during the treatment period.
- Clients must have been enrolled in a treatment center for at least 30 days.
- Clients must have had a minimum of one episode of care.
- Clients must not be enrolled in a Tribal Behavioral Health Authority.

The study population excluded 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.
- Only had services provided by an individual private provider.

AHCCCS randomly selected 200 cases from the eligible population.

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

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

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			
			N	%	N	%	Mean	Median
Cenpatico Integrated Care	66	33.0%	15	22.7%	51	77.3%	34.1	30.5
Health Choice Integrated Care	40	20.0%	3	7.5%	37	92.5%	30.4	28.5
Mercy Maricopa Integrated Care	94	47.0%	20	21.3%	74	78.7%	35.0	33.0
Total	**200**	**100.0%**	**38**	**19.0%**	**162**	**81.0%**	**33.8**	**31.0**

Table 1-2 describes, by RBHA, the distribution of providers covered by the case file review sample compared to the total number of SABG-funded treatment providers.

Table 1-2—5% Provider Review

	SABG-Funded Treatment Providers	SABG-Funded Treatment Providers Included in the Independent Case Review	Percentage of SABG Treatment Providers Included in the Independent Case Review
Cenpatico Integrated Care	18	12	66.7%
Health Choice Integrated Care	14	5	35.7%
Mercy Maricopa Integrated Care	25	11	44.0%
Statewide*	**49**	**25**	**51.0%**

* AHCCCS determined that 49 unique SABG-funded treatment providers were available statewide, as a limited number of providers are contracted with more than one RBHA.

As a requirement for the SABG, it is mandatory that the state of Arizona assess the quality, appropriateness, and efficacy of treatment services provided to the individuals under the program involved. A minimum of 5 percent of the provider agencies for each GSA were sampled to ensure that the peer review was representative of the total population of the entities providing services in the state. This ensures that the provider agencies that are reviewed are a representation of the total population of agencies that provide treatment services. As the independent case review is divided into three GSAs, each GSA must meet the 5 percent minimum of provider agencies reviewed to obtain an accurate depiction of their local area.

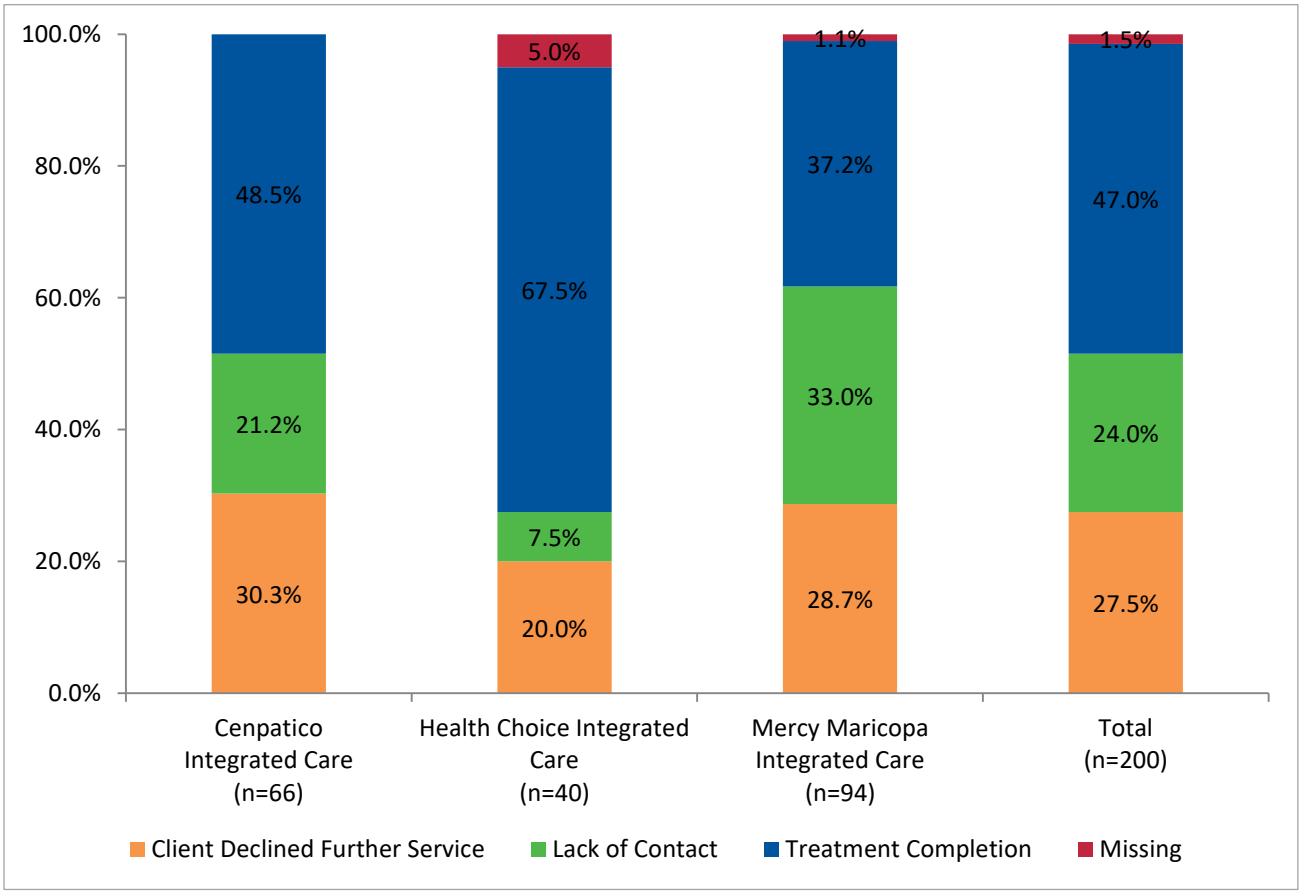
Table 1-3 and Figure 1-1 illustrate the distribution of the case file review sample by RBHA and reason for closure.

Table 1-3—Distribution Based on Reason for Closure

RBHA	Sample Cases	Client Declined Further Service		Lack of Contact		Treatment Completion		Missing	
		N	%	N	%	N	%	N	%
Cenpatico Integrated Care	66	20	30.3%	14	21.2%	32	48.5%	0	0.0%
Health Choice Integrated Care	40	8	20.0%	3	7.5%	27	67.5%	2	5.0%
Mercy Maricopa Integrated Care	94	27	28.7%	31	33.0%	35	37.2%	1	1.1%
Total	**200**	**55**	**27.5%**	**48**	**24.0%**	**94**	**47.0%**	**3**	**1.5%**

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

Figure 1-1—Distribution Based on Reason for Closure



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

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

Table 1-4—Top Three Referral Sources*

RBHA	Sample Cases	Referral Sources	N	%
Cenpatico Integrated Care	66	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	42	63.6%
		Self/Family/Friend	16	24.2%
		DCS: Department of Child Safety	3	4.5%
Health Choice Integrated Care	40	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	27	67.5%
		Self/Family/Friend	7	17.5%
		AHCCCS Health Plan / PCP	2	5.0%
		DCS: Department of Child Safety	2	5.0%
Mercy Maricopa Integrated Care	94	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	52	55.3%
		Self/Family/Friend	35	37.2%
		Other Behavioral Health Provider	3	3.2%
Total	200	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	**121**	**60.5%**
		Self/Family/Friend	**58**	**29.0%**
		DCS: Department of Child Safety	**5**	**2.5%**

*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 contracted RBHAs.

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

For indicator III.A, "Best Practices": Note that indicator III.A includes 23 cases that included therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.

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

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

Table 2-1—Substance Abuse Prevention and Treatment

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
I	**Intake/Treatment Planning**				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	198	183	92.4%	2
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?	183	183	100.0%	*
	2. Describe the intensity/frequency of substance use?	183	181	98.9%	*
	3. Include the effect of substance use on daily functioning?	183	173	94.5%	*
	4. Include the effect of substance use on interpersonal relationships?	183	167	91.3%	*
	5. Include a completed risk assessment?	183	176	96.2%	*
	6. Document screening for tuberculosis (TB), hepatitis C, HIV, and other infectious diseases?	183	127	69.4%	*
	7. Document screening for emotional and/or physical abuse/trauma issues.	183	166	90.7%	*
	B. Was there documentation that charitable choice requirements were followed?	4	3	75.0%	196
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	197	191	97.0%	3
	Was the ISP:				
	1. Developed with participation of the family/support network?	83	30	36.1%	108
	2. Congruent with the diagnosis(es) and presenting concern(s)?	191	189	99.0%	*
	3. Developed with measurable objectives and time frames to address the identified needs?	191	186	97.4%	*
	4. Developed to address the unique cultural preferences of the individual?	191	168	88.0%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
II	**Placement Criteria/Assessment**				
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) Dimensions were used to determine the proper level of care at intake?	200	176	88.0%	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention	176	0	0.0%	*
	OMT: Opioid Maintenance Therapy	176	6	3.4%	*
	Level I: Outpatient Treatment	176	93	52.8%	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	176	38	21.6%	*
	Level III: Residential/Inpatient Treatment	176	39	22.2%	*
	Level IV: Medically Managed Intensive Inpatient Treatment	176	0	0.0%	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	200	170	85.0%	*
	C. Were the American Society of Addiction Medicine (ASAM) dimensions revised/updated during the course of treatment?	200	98	49.0%	*
	D. Were additional assessment tools utilized during the course of treatment?	200	15	7.5%	*
III	**Best Practices**				
	A. Were evidence-based practices used in treatment? ***Note that the denominator for indicator III.A includes 23 cases that included therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.***	200	177	88.5%	*
	1. The following evidence-based practices were used in treatment:				
	Adolescent Community Reinforcement Approach (A-CRA)	177	2	1.1%	*
	Beyond Trauma: A Healing Journey for Women	177	1	0.6%	*
	Cognitive Behavioral Therapy	177	64	36.2%	*

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	(CBT)				
	Contingency Management	177	9	5.1%	*
	Dialectal Behavioral Therapy (DBT)	177	7	4.0%	*
	Helping Women Recover	177	4	2.3%	*
	Matrix	177	55	31.1%	*
	Moral Reconation Therapy (MRT)	177	10	5.6%	*
	Motivational Enhancement/Interviewing Therapy (MET/MI)	177	46	26.0%	*
	Relapse Prevention Therapy (RPT)	177	107	60.5%	*
	Seeking Safety	177	30	16.9%	*
	SMART Recovery	177	16	9.0%	*
	Thinking for a Change	177	4	2.3%	*
	Trauma Recovery and Empowerment Model (TREM)	177	0	0.0%	*
	Trauma-Informed Care (TIC)	177	1	0.6%	*
	Wellness Recovery Action Plan (WRAP)	177	11	6.2%	*
	Other	177	2	1.1%	*
	B. Medication-assisted treatment	200	26	13.0%	*
	1. The following medications were used in treatment:				
	• Alcohol-related				
	Acamprosate (Campral)	26	0	0.0%	*
	Disulfiram (Antabuse)	26	0	0.0%	*
	• Opioid-related				
	Buprenorphine/Subutex	26	0	0.0%	*
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)	26	25	96.2%	*
	Naloxone	26	3	11.5%	*
	Naltrexone; long-acting injectable (Vivitrol)	26	1	3.8%	*
	Suboxone	26	2	7.7%	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	200	95	47.5%	*
	D. Were peer support services	183	68	37.2%	17

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	offered as part of the treatment continuum?				
	E. Were peer support services used as part of the treatment continuum?	68	56	82.4%	*
IV	**Treatment/Support Services/Rehabilitation Services**				
	A. The following services were used in treatment:				
	1.Individual counseling/therapy	200	151	75.5%	*
	2. Group counseling/therapy	200	170	85.0%	*
	3. Family counseling/therapy	200	3	1.5%	*
	4. Case management	200	174	87.0%	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	193	181	93.8%	7
	C. The number of completed counseling/therapy sessions during treatment was:				
	0–5 sessions	200	48	24.0%	*
	6–10 sessions	200	45	22.5%	*
	11 sessions or more	200	107	53.5%	*
	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	104	52.0%	*
	0 times during treatment	200	15	7.5%	*
	1–4 times during treatment	200	14	7.0%	*
	5–12 times during treatment	200	6	3.0%	*
	13–20 times during treatment	200	27	13.5%	*
	21 or more times during treatment	200	34	17.0%	*
	E. If there was evidence of lack of progress toward the identified goal, did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?	74	50	67.6%	126
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	94	66	70.2%	106

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual's interest in becoming involved in such a program was explored?	99	45	45.5%	101
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual's interest in such an activity was explored?	82	28	34.1%	117
	I. Does the documentation reflect that substance abuse services were provided?	200	197	98.5%	*
V	**Gender Specific (female only)**				
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	8	6	75.0%	30
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?	3	3	100.0%	35
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?	3	1	33.3%	35
	D. If the female had a child less than 1 year of age, was there evidence that screening was completed for postpartum depression/psychosis?	1	0	0.0%	37
	E. If the female had dependent children, was there documentation to show that child care was addressed?	6	1	16.7%	32
	F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	37	16	43.2%	1
VI	**Opioid Specific**				

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	200	69	34.5%	*
	B. Was there documentation that the member was provided Medication-Assisted Treatment (MAT) education as a treatment option?	69	28	40.6%	*
	C. If yes to VI B, were they referred to a MAT provider?	28	27	96.4%	41
	D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	20	17	85.0%	49
	E. If a physical health concern was identified, were alternative pain management options addressed?	10	6	60.0%	59
	F. If member is a pregnant female, did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?	0	0	---	69
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose?	69	14	20.3%	*
	H. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	69	29	42.0%	*
VII	**Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)**				
	A. Was there documentation present that a relapse prevention plan was completed?	156	96	61.5%	*
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help and/or other individualized support services?	156	115	73.7%	*
	C. Was there documentation that staff activity coordinated with other	124	82	66.1%	32

Case File Review Findings for Measures I–VIII					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	involved agencies at the time of discharge?				
VIII	**Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)**				
	The following efforts were documented:				
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	107	83	77.6%	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	64	47	73.4%	42
	C. Were other attempts made to re-engage the individual, such as:				
	Home visit	61	8	13.1%	45
	Call emergency contact(s)	54	7	13.0%	51
	Contacting other involved agencies	68	34	50.0%	38
	Street outreach	38	1	2.6%	68
	Other	50	2	4.0%	54

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

Measure I—Intake/Treatment Planning

Initial Behavioral Health Assessment

- 92.4 percent of the sampled behavioral health case files contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual's initial appointment. In two cases there was no completed behavioral health assessment, and the case closed prior to 45 days from the initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial behavioral assessment (I.A.1–7) ranged from 69.4 percent to 100.0 percent.
- 69.4 percent of the behavioral health assessments contained documentation of screening for tuberculosis, hepatitis C, HIV, and other infectious diseases.
- 100.0 percent of the sampled behavioral health assessments addressed the substance-related disorder(s).
- Documentation of compliance with charitable choice requirements was present in 75.0 percent of the sampled behavioral health case files. Charitable choice did not apply in 196 behavioral case files.

Individual Service Plan (ISP)

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

Measure II—Placement Criteria/Assessment

- 88.0 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- 85.0 percent of behavioral health case files contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 49.0 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were revised/updated during the course of treatment. In 7.5 percent of the behavioral health case files, additional assessment tools were used during treatment.

Measure III—Best Practices

- 88.5 percent of sampled behavioral health case files contained documentation that evidence-based practices were used in treatment. Twenty-three behavioral health case files included therapy progress notes but lacked sufficient documentation to determine if evidence-based practices were used. RPT was used in 60.5 percent of the sampled behavioral health case files. The reviewers could select more than one response for Question III.A.1.
- Opioid-related MAT was documented in 13.0 percent of the sampled behavioral health case files. Methadone/LAAM was used in 96.2 percent of the MAT cases.
- 47.5 percent of sampled behavioral health case files contained evidence that screening for substance use/abuse was conducted during treatment.
- In 37.2 percent of the behavioral health case files, peer support services were offered as part of the treatment continuum. Seventeen clients declined peer support. 82.4 percent of clients who responded "Yes" to peer support services received peer support services during treatment.

Measure IV—Treatment/Support Services/Rehabilitation Services

- Documentation in the sampled behavioral health case files contained evidence that 87.0 percent of individuals received case management services, 85.0 percent received group counseling/therapy, 75.5 percent received individual counseling/therapy, and 1.5 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 93.8 percent of behavioral health case files contained documentation of progress or lack of progress toward the identified ISP goals. Seven behavioral health case files had no ISP present or contained documentation that services were recent and there was no change in progress.
- 53.5 percent of the behavioral health case files contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 22.5 percent completed six to 10 sessions, and 24.0 percent completed zero to five sessions.
- 52.0 percent of behavioral health case files did not contain documentation of the number of self-help or recovery group sessions completed during treatment.
- If there was evidence of lack of progress toward the identified goal, in 67.6 percent of the behavioral health case files, there was documentation that the provider revised the treatment approach and/or sought consultation to facilitate improvement. In 126 case files, symptomatic improvement was documented.
- 70.2 percent of behavioral health case files demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored. In 106 behavioral health case files, the individual was employed at the time of intake or employment was not relevant to the individual's situation.
- 45.5 percent of behavioral health case files demonstrated evidence that if the individual was not participating in an educational or vocational training program at intake, the individual's interest in participating in such a program was explored. In 101 case files, the individual was involved in education or vocational training at the time of intake or it was not relevant to the individual's situation.
- 34.1 percent of behavioral health case files demonstrated evidence that if the individual was not involved with a meaningful community activity at intake, the individual's interest in becoming involved in such a program was explored. In 117 case files, the individual was involved in a community activity at the time of intake or it was not relevant to the individual's situation.
- 98.5 percent of behavioral health case files contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- 75.0 percent of the sampled behavioral health case files contained a completed safety plan in cases where there was a history of domestic violence. Thirty behavioral health case files contained no documentation of domestic violence issues.
- 100.0 percent of the behavioral health case files 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 33.3 percent of the behavioral health case files of pregnant females. In 35 behavioral health files, the individual was not pregnant.
- Child care for dependent children was addressed in 16.7 percent of the behavioral health case files.
- Evidence of gender-specific treatment services was found in 43.2 percent of behavioral health case files. In one of the behavioral health case files, documentation demonstrated evidence that the individual declined gender-specific treatment services.

Measure VI—Opioid Specific

- 34.5 percent of the behavioral health case files contained documentation of a diagnosed OUD.
- In 40.6 percent of the behavioral health case files of members diagnosed with OUD, MAT education was presented as a treatment option.
- 96.4 percent of members who accepted MAT as a treatment option were referred to a MAT provider.
- 85.0 percent of members with withdrawal symptoms were provided a referral and/or intervention with a medical provider.
- 20.3 percent of members with a diagnosis of OUD were provided information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose.
- 42.0 percent of members who were diagnosed with an OUD received education on the effects of polysubstance use with opioids.

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

- 61.5 percent of the sampled behavioral health case files contained evidence that a relapse prevention plan was completed.
- 73.7 percent of behavioral health case files contained documentation that the individual received information pertaining to community supports and other individualized supports.
- 66.1 percent of the behavioral health case files contained evidence of active coordination of care with other involved agencies. In 32 cases, there were no other agencies involved.

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

- 77.6 percent of the sampled behavioral health case files contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 73.4 percent of behavioral health case files contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 42 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 13.1 percent of behavioral health case files; contacting other

involved agencies, evident in 50.0 percent of behavioral health case files; calling the emergency contact, documented in 13.0 percent of behavioral health case files; and street outreach, documented in 2.6 percent of behavioral health case files. The reviewer could select more than one response to this question.

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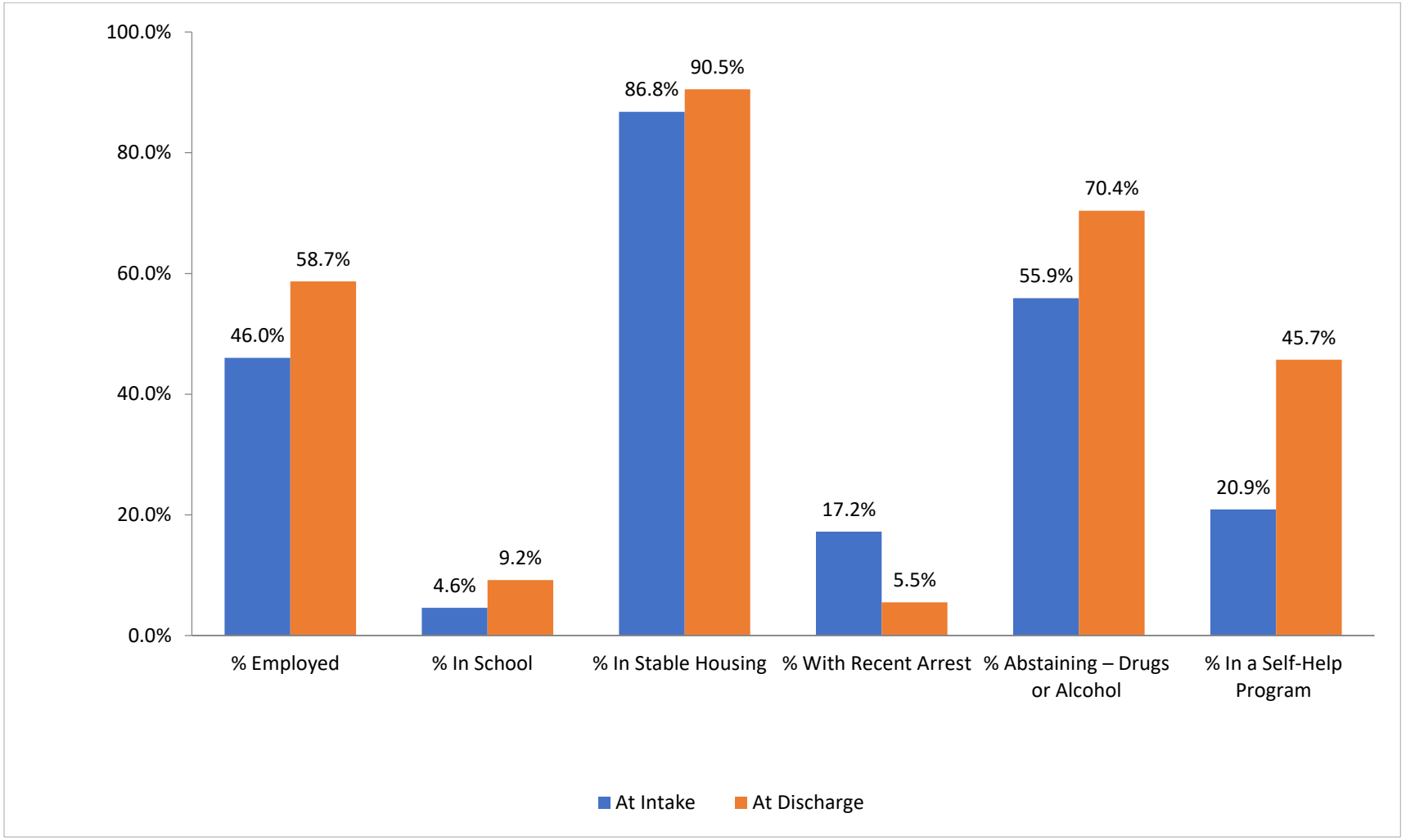
Table 2-2 and Figure 2-1 illustrate the aggregate case file review findings pertaining to Measure IX, the National Outcome Measures (NOMs). This table displays the number of "Yes" and the percentage of "Yes" responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures 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 IX
National Outcome Measures

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	198	91	46.0%	167	98	58.7%
B. Enrolled in school or vocational educational program?	196	9	4.6%	163	15	9.2%
C. Lived in a stable housing environment? (not homeless)	197	171	86.8%	168	152	90.5%
D. Arrested 30 days prior?	192	33	17.2%	163	9	5.5%
E. Abstinent from drugs and/or alcohol?	195	109	55.9%	152	107	70.4%
F. Participated in social support recovery 30 days prior?	163	34	20.9%	140	64	45.7%

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

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



Cenpatico Integrated Care (CIC)

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

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 VIII.C (other) were for informational purposes and were therefore excluded from scoring. The CIC results for Measure IX are presented in Table 3-2 and Figure 3-1.

For indicator III.A, "Best Practices": Note that the denominator for indicator III.A includes 8 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.

Table 3-1—Substance Abuse Prevention and Treatment—Cenpatico Integrated Care

Care Case File Review Findings for Measures I–VIII—CIC					
		DENOMINATOR	# of YES	% of YES	# of NA
I	**Intake/Treatment Planning**				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	64	55	85.9%	2
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?	55	55	100.0%	*
	2. Describe the intensity/frequency of substance use?	55	55	100.0%	*
	3. Include the effect of substance use on daily functioning?	55	53	96.4%	*
	4. Include the effect of substance use on interpersonal relationships?	55	51	92.7%	*
	5. Include a completed risk assessment?	55	52	94.5%	*

Care Case File Review Findings for Measures I–VIII—CIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	6. Document screening for tuberculosis (TB), hepatitis C, HIV, and other infectious diseases?	55	33	60.0%	*
	7. Document screening for emotional and/or physical abuse/trauma issues.	55	49	89.1%	*
	B. Was there documentation that charitable choice requirements were followed?	3	2	66.7%	63
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	63	59	93.7%	3
	Was the ISP:				
	1. Developed with participation of the family/support network?	29	8	27.6%	30
	2. Congruent with the diagnosis(es) and presenting concern(s)?	59	57	96.6%	*
	3. Developed with measurable objectives and time frames to address the identified needs?	59	57	96.6%	*
	4. Developed to address the unique cultural preferences of the individual?	59	54	91.5%	*
II	**Placement Criteria/Assessment**				
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) Dimensions were used to determine the proper level of care at intake?	66	50	75.8%	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention	50	0	0.0%	*
	OMT: Opioid Maintenance Therapy	50	3	6.0%	*
	Level I: Outpatient Treatment	50	25	50.0%	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	50	16	32.0%	*
	Level III: Residential/Inpatient Treatment	50	6	12.0%	*
	Level IV: Medically Managed Intensive Inpatient Treatment	50	0	0.0%	*

Care Case File Review Findings for Measures I–VIII—CIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	66	49	74.2%	*
	C. Were the American Society of Addiction Medicine (ASAM) Dimensions revised/updated during the course of treatment?	66	23	34.8%	*
	D. Were additional assessment tools utilized during the course of treatment?	66	8	12.1%	*
III	**Best Practices**				
	A. Were evidence-based practices used in treatment? ***Note that the denominator for indicator III.A includes 8 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.***	66	58	87.9%	*
	1. The following evidence-based practices were used in treatment:				
	Adolescent Community Reinforcement Approach (A-CRA)	58	1	1.7%	*
	Beyond Trauma: A Healing Journey for Women	58	0	0.0%	*
	Cognitive Behavioral Therapy (CBT)	58	25	43.1%	*
	Contingency Management	58	3	5.2%	*
	Dialectal Behavioral Therapy (DBT)	58	4	6.9%	*
	Helping Women Recover	58	3	5.2%	*
	Matrix	58	20	34.5%	*
	Moral Reconation Therapy (MRT)	58	10	17.2%	*
	Motivational Enhancement/Interviewing Therapy (MET/MI)	58	14	24.1%	*
	Relapse Prevention Therapy (RPT)	58	40	69.0%	*
	Seeking Safety	58	10	17.2%	*
	SMART Recovery	58	9	15.5%	*
	Thinking for a Change	58	1	1.7%	*

Care Case File Review Findings for Measures I–VIII—CIC					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	Trauma Recovery and Empowerment Model (TREM)	58	0	0.0%	*
	Trauma-Informed Care (TIC)	58	1	1.7%	*
	Wellness Recovery Action Plan (WRAP)	58	9	15.5%	*
	Other	58	2	3.4%	*
	B. Medication-assisted treatment	66	7	10.6%	*
	1. The following medication was used in treatment:				
	• Alcohol-related				
	Acamprosate (Campral)	7	0	0.0%	*
	Disulfiram (Antabuse)	7	0	0.0%	*
	• Opioid-related				
	Buprenorphine/Subutex	7	0	0.0%	*
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)	7	7	100.0%	*
	Naloxone	7	0	0.0%	*
	Naltrexone; long-acting injectable (Vivitrol)	7	0	0.0%	*
	Suboxone	7	1	14.3%	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	66	35	53.0%	*
	D. Were peer support services offered as part of the treatment continuum?	58	34	58.6%	8
	E. Were peer support services used as part of the treatment continuum?	34	27	79.4%	*
IV	**Treatment/Support Services/Rehabilitation Services**				
	A. The following services were used in treatment:				
	Individual counseling/therapy	66	47	71.2%	*
	Group counseling/therapy	66	55	83.3%	*
	Family counseling/therapy	66	1	1.5%	*
	Case management	66	55	83.3%	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	64	61	95.3%	2
	C. The number of completed counseling/therapy sessions during treatment was:				
	0–5 sessions	66	15	22.7%	*

Care Case File Review Findings for Measures I–VIII—CIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	6–10 sessions	66	20	30.3%	*
	11 sessions or more	66	31	47.0%	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:				
	No documentation	66	32	48.5%	*
	0 times during treatment	66	8	12.1%	*
	1–4 times during treatment	66	5	7.6%	*
	5–12 times during treatment	66	2	3.0%	*
	13–20 times during treatment	66	9	13.6%	*
	21 or more times during treatment	66	10	15.2%	*
	E. If there was evidence of lack of progress toward the identified goal, did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?	18	12	66.7%	48
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	28	25	89.3%	38
	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?	32	24	75.0%	34
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual's interest in such an activity was explored?	27	14	51.9%	39
	I. Does the documentation reflect that substance abuse services were provided?	66	66	100.0%	*

Care Case File Review Findings for Measures I–VIII—CIC					
		DENOMINATOR	# of YES	% of YES	# of NA
V	**Gender Specific (female only)**				
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	2	1	50.0%	13
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?	1	1	100.0%	14
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?	1	0	0.0%	14
	D. If the female had a child less than 1 year of age, was there evidence that screening was completed for postpartum depression/psychosis?	0	0	---	15
	E. If the female had dependent children, was there documentation to show that child care was addressed?	4	1	25.0%	11
	F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	15	6	40.0%	0
VI	**Opioid Specific**				
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	66	19	28.8%	*
	B. Was there documentation that the member was provided Medication-Assisted Treatment (MAT) education as a treatment option?	19	8	42.1%	*
	C. If yes to VI B, were they referred to a MAT provider?	8	7	87.5%	11
	D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	4	3	75.0%	15
	E. If a physical health concern was identified, were alternative pain management options addressed?	3	2	66.7%	16

Care Case File Review Findings for Measures I–VIII—CIC					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	F. If member is a pregnant female, did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?	0	0	---	19
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose?	19	3	15.8%	*
	H. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	19	6	31.6%	*
VII	**Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)**				
	A. Was there documentation present that a relapse prevention plan was completed?	55	32	58.2%	*
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help and/or other individualized support services?	55	36	65.5%	*
	C. Was there documentation that staff activity coordinated with other involved agencies at the time of discharge?	46	29	63.0%	9
VIII	**Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)**				
	The following efforts were documented:				
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	36	21	58.3%	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	17	9	52.9%	18

Care Case File Review Findings for Measures I–VIII—CIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	C. Were other attempts made to re-engage the individual, such as:				
	Home visit	19	5	26.3%	16
	Call emergency contact(s)	16	1	6.3%	19
	Contacting other involved agencies	24	10	41.7%	11
	Street outreach	14	1	7.1%	21
	Other	14	0	0.0%	21

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

Measure I—Intake/Treatment Planning

Initial Behavioral Health Assessment

- 85.9 percent of the sampled behavioral health case files contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual's initial appointment. In two cases there was no comprehensive assessment, and the cases closed prior to 45 days from the initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial behavioral health assessment (I A1–7) ranged from 60.0 percent to 100.0 percent.
- 60.0 percent of the behavioral health assessments contained documentation of screening for tuberculosis, hepatitis C, HIV, and other infectious diseases.
- 100.0 percent of the sampled behavioral health assessments addressed the substance-related disorder(s). 100.0 percent of the behavioral health assessments described the intensity/frequency of substance use.

Individual Service Plan (ISP)

- 93.7 percent of the sampled behavioral health case files contained evidence that an ISP was completed within the required time frame of 90 days from the individual's initial appointment. Three cases had no ISP and closed prior to 90 days from the initial appointment.
- 96.6 percent of the behavioral health case files contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 27.6 percent of the behavioral health case files contained evidence that the ISP was developed with the participation of the family/support network. In 30 cases, there was no family/support network or the individual declined inclusion of others in the service planning process.

Measure II—Placement Criteria/Assessment

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

- 74.2 percent of behavioral health case files contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 34.8 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were revised/updated during treatment. In 12.1 percent of the sampled behavioral health case files, additional assessment tools were used during treatment.

Measure III—Best Practices

- 87.9 percent of sampled behavioral health behavioral health case files contained documentation that evidence-based practices were used in treatment. Eight behavioral health case files lacked sufficient documentation to determine if evidence-based practices were used. RPT was used in 69.0 percent of the sampled behavioral health case files. The reviewers could select more than one response for Question III.A.1.
- MAT was documented in 10.6 percent of the behavioral health case files. The seven individuals who received MAT were prescribed methadone/ LAAM. One individual was treated with Suboxone.
- 53.0 percent of sampled behavioral health case files contained documentation that screening for substance use/abuse was conducted during the course of treatment.
- 58.6 percent of sampled behavioral health case files contained evidence that peer support was offered as treatment. Eight behavioral health case files contained documentation that peer support was declined by the individual. Of the 34 individuals who were offered peer support services, 79.4 percent used the service.

Measure IV—Treatment/Support Services/Rehabilitation Services

- Documentation in the sampled behavioral health case files contained evidence that 83.3 percent of individuals received case management services, 83.3 percent received group counseling/therapy, 71.2 percent received individual counseling/therapy, and 1.5 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 95.3 percent of behavioral health case files contained documentation of progress or lack of progress toward the identified ISP goals. Two records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 47.0 percent of the behavioral health case files contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 30.3 percent completed six to 10 sessions, and 22.7 percent completed zero to five sessions.
- 48.5 percent of behavioral health case files did not contain documentation of the number of self-help or recovery group sessions completed during treatment.
- If there was evidence of lack of progress toward the identified goal, in 66.7 percent of the sampled behavioral health case files, there was documentation that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 89.3 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.

- 75.0 percent of behavioral health case files demonstrated evidence that if the individual was not participating in an educational or vocational training program at intake, the individual's interest in participating in such a program was explored.
- 51.9 percent of behavioral health case files demonstrated evidence that if the individual was not involved with a meaningful community activity at intake, the individual's interest in becoming involved in such a program was explored.
- 100.0 percent of behavioral health case files contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- 50.0 percent of the sampled behavioral health case files contained a completed safety plan in cases where there was a history of domestic violence.
- 100.0 percent of the behavioral health case files of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician.
- 25 percent of the behavioral health case files of females with dependent children had documentation indicating child care was addressed.
- Evidence of gender-specific treatment services was found in 40.0 percent of behavioral health case files.

Measure VI—Opioid Specific

- 28.8 percent of the behavioral health case files contained documentation of a diagnosed OUD.
- In 42.1 percent of the behavioral health case files of members diagnosed with OUD, MAT education was presented as a treatment option.
- 87.5 percent of members who accepted MAT as a treatment option were referred to a MAT provider.
- 75.0 percent of members with withdrawal symptoms were provided a referral and/or intervention with a medical provider.
- 15.8 percent of members with a diagnosis of OUD were provided information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose.
- 31.6 percent of members who were diagnosed with OUD received education on the effects of polysubstance use with opioids.

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

- 58.2 percent of the sampled behavioral health case files contained evidence that a relapse prevention plan was completed.
- 65.5 percent of behavioral health case files contained documentation that the individual received information pertaining to community supports and other individualized supports.
- 63.0 percent of the behavioral health case files contained evidence of active coordination of care with other involved agencies.

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

- 58.3 percent of the sampled behavioral health case files contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 52.9 percent of behavioral health case files contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 18 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 26.3 percent of behavioral health case files; contacting other involved agencies, evident in 41.7 percent of behavioral health case files; calling the emergency contact, documented in 6.3 percent of behavioral health case files; and street outreach, documented in 7.1 percent of behavioral health case files. The reviewer could select more than one response to this question.

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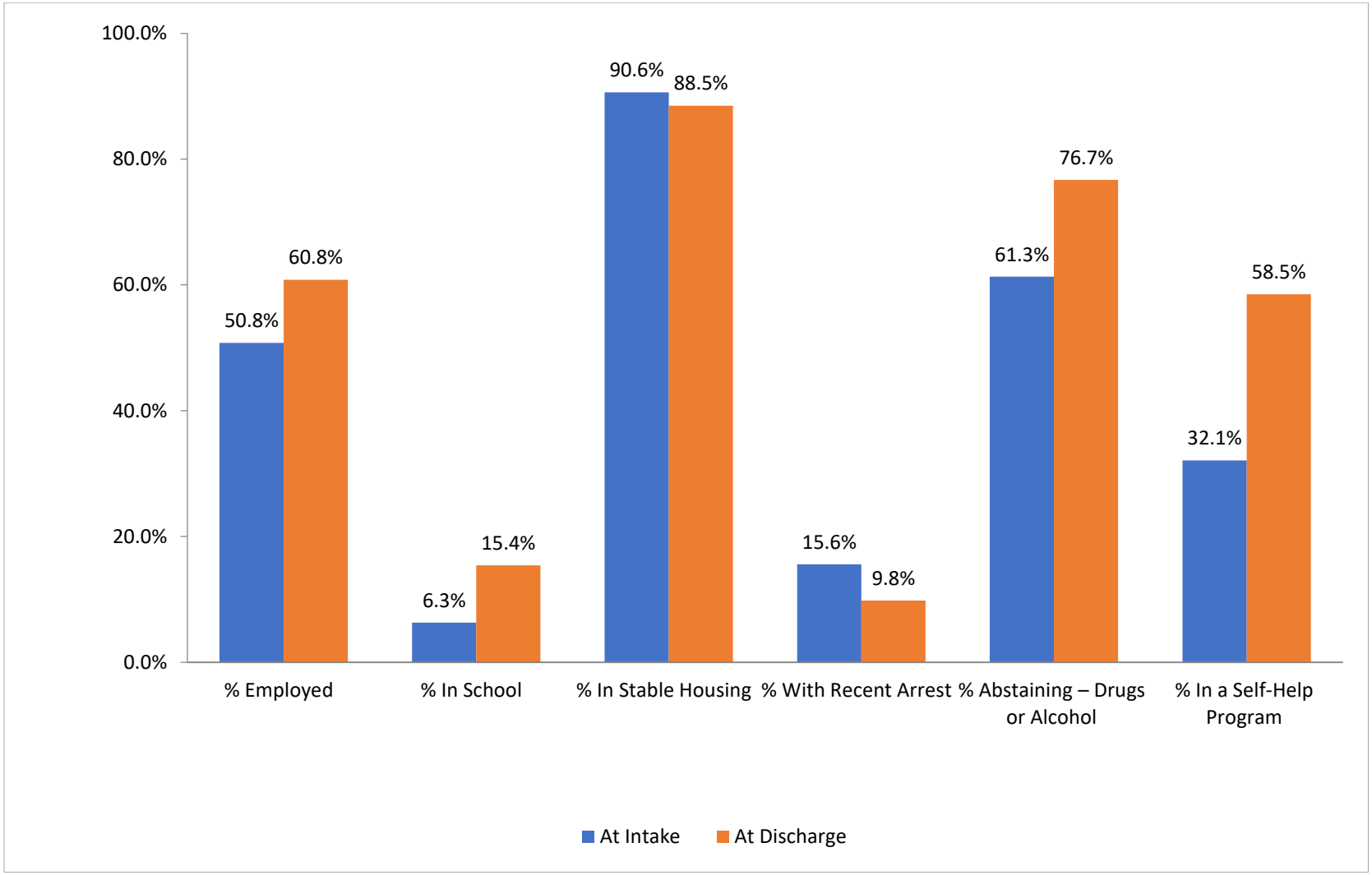
Table 3-2 and Figure 3-1 illustrate the CIC case file review findings pertaining to Measure IX (NOMs). This table displays the number of "Yes" and the percentage of "Yes" responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual's arrest history 30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

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

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	65	33	50.8%	51	31	60.8%
B. Enrolled in school or vocational educational program?	64	4	6.3%	52	8	15.4%
C. Lived in a stable housing environment? (not homeless)	64	58	90.6%	52	46	88.5%
D. Arrested 30 days prior?	64	10	15.6%	51	5	9.8%
E. Abstinent from drugs and/or alcohol?	62	38	61.3%	43	33	76.7%
F. Participated in social support recovery 30 days prior?	53	17	32.1%	41	24	58.5%

Note: Documentation was missing for up to 13 members regarding whether or not selected NOM indicators were completed at program intake.

Figure 3-1—Distribution of Measure IX
National Outcome Measures: Cenpatico 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 VIII.C (other) were for informational purposes and were therefore excluded from scoring. The HCIC results for Measure IX are presented in Table 3-4 and Figure 3-2.

For indicator III.A, "Best Practices": Note that the denominator for indicator III.A includes 3 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.

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

Case File Review Findings for Measures I–VIII—HCIC					
		DENOMINATOR	# of YES	% of YES	# of NA
I	**Intake/Treatment Planning**				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	40	35	87.5%	0
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?	35	35	100.0%	*
	2. Describe the intensity/frequency of substance use?	35	33	94.3%	*
	3. Include the effect of substance use on daily functioning?	35	29	82.9%	*
	4. Include the effect of substance use on interpersonal relationships?	35	29	82.9%	*
	5. Include a completed risk assessment?	35	32	91.4%	*
	6. Document screening for tuberculosis (TB), hepatitis C, HIV, and other infectious diseases?	35	18	51.4%	*

Case File Review Findings for Measures I–VIII—HCIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	7. Document screening for emotional and/or physical abuse/trauma issues.	35	29	82.9%	*
	B. Was there documentation that charitable choice requirements were followed?	1	1	100.0%	39
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	40	39	97.5%	0
	Was the ISP:				
	1. Developed with participation of the family/support network?	22	4	18.2%	17
	2. Congruent with the diagnosis(es) and presenting concern(s)?	39	39	100.0%	*
	3. Developed with measurable objectives and time frames to address the identified needs?	39	37	94.9%	*
	4. Developed to address the unique cultural preferences of the individual?	39	33	84.6%	*
II	**Placement Criteria/Assessment**				
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) Dimensions were used to determine the proper level of care at intake?	40	35	87.5%	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention	35	0	0.0%	*
	OMT: Opioid Maintenance Therapy	35	2	5.7%	*
	Level I: Outpatient Treatment	35	24	68.6%	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	35	6	17.1%	*
	Level III: Residential/Inpatient Treatment	35	3	8.6%	*
	Level IV: Medically Managed Intensive Inpatient Treatment	35	0	0.0%	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	40	35	87.5%	*

Case File Review Findings for Measures I–VIII—HCIC					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	C. Were the American Society of Addiction Medicine (ASAM) Dimensions revised/updated during the course of treatment?	40	18	45.0%	*
	D. Were additional assessment tools utilized during the course of treatment?	40	5	12.5%	*
III	**Best Practice**				
	A. Were evidence-based practices used in treatment? ***Note that the denominator for indicator III.A includes 3 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.***	40	37	92.5%	*
	1. The following evidence-based practices were used in treatment:				
	Adolescent Community Reinforcement Approach (A-CRA)	37	0	0.0%	*
	Beyond Trauma: A Healing Journey for Women	37	0	0.0%	*
	Cognitive Behavioral Therapy (CBT)	37	15	40.5%	*
	Contingency management	37	3	8.1%	*
	Dialectal Behavioral Therapy (DBT)	37	0	0.0%	*
	Helping Women Recover	37	1	2.7%	*
	Matrix	37	16	43.2%	*
	Moral Reconation Therapy (MRT)	37	0	0.0%	*
	Motivational Enhancement/Interviewing Therapy (MET/MI)	37	13	35.1%	*
	Relapse Prevention Therapy (RPT)	37	14	37.8%	*
	Seeking Safety	37	5	13.5%	*
	SMART Recovery	37	2	5.4%	*
	Thinking for a Change	37	0	0.0%	*
	Trauma Recovery and Empowerment Model (TREM)	37	0	0.0%	*
	Trauma-Informed Care (TIC)	37	0	0.0%	*
	Wellness Recovery Action Plan	37	0	0.0%	*

Case File Review Findings for Measures I–VIII—HCIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	(WRAP)				
	Other	37	0	0.0%	*
	B. Medication-assisted treatment	40	4	10.0%	*
	1. The following medication was used in treatment:				
	• Alcohol-related				
	Acamprosate (Campral)	4	0	0.0%	*
	Disulfiram (Antabuse)	4	0	0.0%	*
	• Opioid-related				
	Buprenorphine/Subutex	4	0	0.0%	*
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)	4	3	75.0%	*
	Naloxone	4	1	25.0%	*
	Naltrexone; long-acting injectable (Vivitrol)	4	1	25.0%	*
	Suboxone	4	1	25.0%	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	40	11	27.5%	*
	D. Were peer support services offered as part of the treatment continuum?	33	9	27.3%	7
	E. Were peer support services used as part of the treatment continuum?	9	4	44.4%	*
IV	**Treatment/Support Services/Rehabilitation Services**				
	A. The following services were used in treatment:				
	Individual counseling/therapy	40	31	77.5%	*
	Group counseling/therapy	40	33	82.5%	*
	Family counseling/therapy	40	1	2.5%	*
	Case management	40	35	87.5%	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	39	34	87.2%	1
	C. The number of completed counseling/therapy sessions during treatment was:				
	0–5 sessions	40	11	27.5%	*
	6–10 sessions	40	5	12.5%	*
	11 sessions or more	40	24	60.0%	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g.,				

Case File Review Findings for Measures I–VIII—HCIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:				
	No documentation	40	31	77.5%	*
	0 times during treatment	40	3	7.5%	*
	1–4 times during treatment	40	2	5.0%	*
	5–12 times during treatment	40	0	0.0%	*
	13–20 times during treatment	40	1	2.5%	*
	21 or more times during treatment	40	3	7.5%	*
	E. If there was evidence of lack of progress toward the identified goal, did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?	10	8	80.0%	30
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	12	7	58.3%	28
	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?	16	9	56.3%	24
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual's interest in such an activity was explored?	9	1	11.1%	31
	I. Does the documentation reflect that substance abuse services were provided?	40	39	97.5%	*
V	**Gender Specific (female only)**				
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	2	1	50.0%	1

Case File Review Findings for Measures I–VIII—HCIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?	0	0	---	3
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?	0	0	---	3
	D. If the female had a child less than 1 year of age, was there evidence that screening was completed for postpartum depression/psychosis?	0	0	---	3
	E. If the female had dependent children, was there documentation to show that child care was addressed?	0	0	---	3
	F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	2	1	50.0%	1
VI	**Opioid Specific**				
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	40	9	22.5%	*
	B. Was there documentation that the member was provided Medication-Assisted Treatment (MAT) education as a treatment option?	9	4	44.4%	*
	C. If yes to VI B, were they referred to a MAT provider?	4	4	100.0%	5
	D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	2	2	100.0%	7
	E. If a physical health concern was identified, were alternative pain management options addressed?	0	0	---	9
	F. If member is a pregnant female, did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?	0	0	---	9

Case File Review Findings for Measures I–VIII—HCIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose?	9	4	44.4%	*
	H. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	9	4	44.4%	*
VII	**Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)**				
	A. Was there documentation present that a relapse prevention plan was completed?	39	15	38.5%	*
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help and/or other individualized support services?	39	23	59.0%	*
	C. Was there documentation that staff activity coordinated with other involved agencies at the time of discharge?	26	16	61.5%	13
VIII	**Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)**				
	The following efforts were documented:				
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	13	10	76.9%	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	4	3	75.0%	9
	C. Were other attempts made to re-engage the individual, such as:				
	Home visit	4	1	25.0%	9
	Call emergency contact(s)	4	1	25.0%	8
	Contacting other involved agencies	5	4	80.0%	8
	Street outreach	2	0	0.0%	11
	Other	3	1	33.3%	9

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

Measure I—Intake/Treatment Planning

Initial Behavioral Health Assessment

- 87.5 percent of the sampled behavioral health case files contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual's initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial behavioral health assessment (I A.1–7) ranged from 51.4 percent to 100.0 percent.
- 51.4 percent of the behavioral health assessments contained documentation of screening for tuberculosis, hepatitis C, HIV, and other infectious diseases.
- 100.0 percent of the sampled behavioral health case files addressed the substance-related disorder(s).

Individual Service Plan (ISP)

- 97.5 percent of the sampled behavioral health case files contained evidence that an ISP was completed within the required time frame of 90 days from the individual's initial appointment.
- 100.0 percent of the behavioral health case files contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 18.2 percent of the behavioral health case files contained evidence that the ISP was developed with the participation of the family/support network. In 17 cases, there was no family/support network or the individual declined inclusion of others in the service planning process.

Measure II—Placement Criteria/Assessment

- 87.5 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- 87.5 percent of behavioral health case files contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 45.0 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were revised/updated during treatment.
- In 12.5 percent of the sampled behavioral health case files, additional assessment tools were used during the course of treatment.

Measure III—Best Practice

- 92.5 percent of sampled behavioral health case files contained documentation that evidence-based practices were used in treatment. Three behavioral health records lacked sufficient documentation to determine if evidence-based practices were used. The Matrix Model was used in 43.2 percent of the sampled behavioral health case files. The reviewers could select more than one response for Question III.A.1.
- MAT was documented in 10.0 percent of the behavioral health case files. 27.5 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during treatment.

- 27.3 percent of sampled behavioral health case files contained evidence that peer support was offered as treatment. Seven behavioral health case files contained documentation that peer support was declined by the individual. Of the nine individuals who were offered peer support services, 44.4 percent used the service.

Measure IV—Treatment/Support Services/Rehabilitation Services

- Documentation in the sampled behavioral health records contained evidence that 87.5 percent of individuals received case management services, 82.5 percent received group counseling/therapy, 77.5 percent received individual counseling/therapy, and 2.5 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 87.2 percent of behavioral health case files contained documentation of progress or lack of progress toward the identified ISP goals. One record had no ISP present or contained documentation that services were recent and there was no change in progress.
- 60.0 percent of the behavioral health case files contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 12.5 percent completed six to 10 sessions, and 27.5 percent completed zero to five sessions.
- 77.5 percent of behavioral health case files did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- If there was evidence of lack of progress toward the identified goal, in 80.0 percent of the sampled behavioral health case files, there was documentation that the provider revised the treatment approach and/or sought consultation to facilitate improvement. In 30 cases, symptomatic improvement was documented in the behavioral health case file.
- If the individual was unemployed at intake, 58.3 percent of behavioral health case files demonstrated evidence that the individual's interest in finding employment was explored. Twenty-eight of the individuals were employed at intake or employment was not relevant to the individual's situation.
- 56.3 percent of behavioral health case files demonstrated evidence that if the individual was not participating in an educational or vocational training program, the individual's interest in participating in such a program was explored. Twenty-four individuals were involved in an educational or vocational training program at the time of intake or it was not relevant to the individual's situation (e.g., the individual was employed).
- 11.1 percent of the behavioral health case files demonstrated evidence that if the individual was not involved with a meaningful community activity, the individual's interest in such an activity was explored. Community activity was not relevant for 31 individuals (e.g., they were employed or engaged in a vocational program).
- 97.5 percent of the behavioral health case files contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- 50.0 percent of the sampled behavioral health records contained a completed safety plan in cases where there was a history of domestic violence. In one case there were no domestic violence issues.

- There were no pregnant women in the sampled behavioral health cases.
- Evidence of gender-specific treatment services was found in two behavioral health case files. One of the two individuals declined the gender-specific services.

Measure VI—Opioid Specific

- 22.5 percent of the behavioral health case files contained documentation of a diagnosed OUD.
- In 44.4 percent of the behavioral health case files of members diagnosed with OUD, MAT education was presented as a treatment option.
- 100.0 percent of members who accepted MAT as a treatment option were referred to a MAT provider. Five individuals did not have documentation of OUD.
- 100.0 percent of members with withdrawal symptoms were provided a referral and/or intervention with a medical provider. Seven individuals had no documentation of withdrawal symptoms.
- 44.4 percent of members with a diagnosis of OUD were provided information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose.
- 44.4 percent of members who were diagnosed with OUD received education on the effects of polysubstance use with opioids.

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

- 38.5 percent of the sampled behavioral health case files contained evidence that a relapse prevention plan was completed.
- 59.0 percent of behavioral health case files contained documentation that the individual received information pertaining to community supports and other individualized supports.
- 61.5 percent of the behavioral health case files contained evidence of active coordination of care with other involved agencies. Thirteen individuals had no other agencies involved.

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

- 76.9 percent of the sampled behavioral health case files contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 75.0 percent of behavioral health case files contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In nine 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 25.0 percent of behavioral health case files; contacting other involved agencies, evident in 80.0 percent of behavioral health case files; and calling the emergency contact, documented in 25.0 percent of behavioral health case files. The reviewer could select more than one response to this question.

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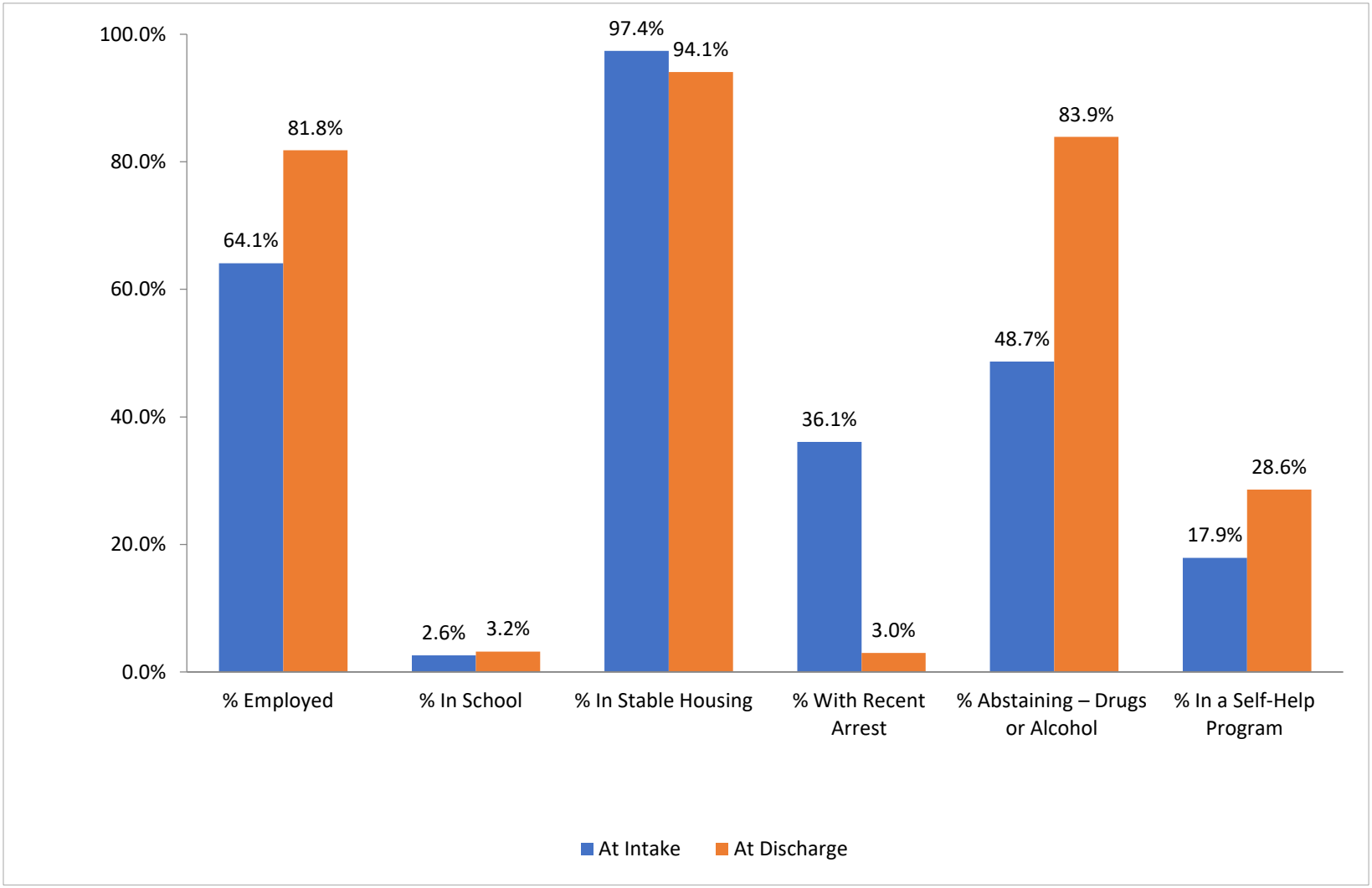
Table 3-4 and Figure 3-2 illustrate the HCIC case file review findings pertaining to Measure IX (NOMs). This table displays the number of "Yes" and the percentage of "Yes" responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual's arrest history 30 days prior to both intake and discharge, is a reverse measure. 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 IX National Outcome Measures

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	39	25	64.1%	33	27	81.8%
B. Enrolled in school or vocational educational program?	38	1	2.6%	31	1	3.2%
C. Lived in a stable housing environment? (not homeless)	39	38	97.4%	34	32	94.1%
D. Arrested 30 days prior?	36	13	36.1%	33	1	3.0%
E. Abstinent from drugs and/or alcohol?	39	19	48.7%	31	26	83.9%
F. Participated in social support recovery 30 days prior?	28	5	17.9%	21	6	28.6%

Note: Documentation was missing for up to 12 members regarding whether or not selected NOM indicators were completed at program intake.

Figure 3-2—Distribution of Measure IX
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 VIII.C (other) were for informational purposes and were therefore excluded from scoring. The MMIC results for Measure IX are presented in Table 3-6 and Figure 3-3.

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

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

Case File Review Findings for Measures I–VIII—MMIC					
		DENOMINATOR	# of YES	% of YES	# of NA
I	**Intake/Treatment Planning**				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	94	93	98.9%	0
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?	93	93	100.0%	*
	2. Describe the intensity/frequency of substance use?	93	93	100.0%	*
	3. Include the effect of substance use on daily functioning?	93	91	97.8%	*
	4. Include the effect of substance use on interpersonal relationships?	93	87	93.5%	*
	5. Include a completed risk assessment?	93	92	98.9%	*
	6. Document screening for tuberculosis (TB), hepatitis C, HIV, and other infectious diseases?	93	76	81.7%	*

Case File Review Findings for Measures I–VIII—MMIC					
		DENOMINATOR	**# of YES**	**% of YES**	**# of NA**
	7. Document screening for emotional and/or physical abuse/trauma issues.	93	88	94.6%	*
	B. Was there documentation that charitable choice requirements were followed?	0	0	---	94
	C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	94	93	98.9%	0
	Was the ISP:				
	1. Developed with participation of the family/support network?	32	18	56.3%	61
	2. Congruent with the diagnosis(es) and presenting concern(s)?	93	93	100.0%	*
	3. Developed with measurable objectives and time frames to address the identified needs?	93	92	98.9%	*
	4. Developed to address the unique cultural preferences of the individual?	93	81	87.1%	*
II	**Placement Criteria/Assessment**				
	A. Was there documentation that the American Society of Addiction Medicine (ASAM) Dimensions were used to determine the proper level of care at intake?	94	91	96.8%	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention	91	0	0.0%	*
	OMT: Opioid Maintenance Therapy	91	1	1.1%	*
	Level I: Outpatient Treatment	91	44	48.4%	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	91	16	17.6%	*
	Level III: Residential/Inpatient Treatment	91	30	33.0%	*
	Level IV: Medically Managed Intensive Inpatient Treatment	91	0	0.0%	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	94	86	91.5%	*

Case File Review Findings for Measures I–VIII—MMIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	C. Were the American Society of Addiction Medicine (ASAM) Dimensions revised/updated during the course of treatment?	94	57	60.6%	*
	D. Were additional assessment tools utilized during the course of treatment?	94	2	2.1%	*
III	**Best Practices**				
	A. Were evidence-based practices used in treatment? ***Note that the denominator for indicator III.A includes 12 cases with therapy progress notes, but the documentation was not sufficient to determine if evidence-based practices were used.***	94	82	87.2%	*
	1. The following evidence-based practices were used in treatment:				
	Adolescent Community Reinforcement Approach (A-CRA)	82	1	1.2%	*
	Beyond Trauma: A Healing Journey for Women	82	1	1.2%	*
	Cognitive Behavioral Therapy (CBT)	82	24	29.3%	*
	Contingency management	82	3	3.7%	*
	Dialectal Behavioral Therapy (DBT)	82	3	3.7%	*
	Helping Women Recover	82	0	0.0%	*
	Matrix	82	19	23.2%	*
	Moral Reconation Therapy (MRT)	82	0	0.0%	*
	Motivational Enhancement/Interviewing Therapy (MET/MI)	82	19	23.2%	*
	Relapse Prevention Therapy (RPT)	82	53	64.6%	*
	Seeking Safety	82	15	18.3%	*
	SMART Recovery	82	5	6.1%	*
	Thinking for a Change	82	3	3.7%	*
	Trauma Recovery and Empowerment Model (TREM)	82	0	0.0%	*

Case File Review Findings for Measures I–VIII—MMIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	Trauma-Informed Care (TIC)	82	0	0.0%	*
	Wellness Recovery Action Plan (WRAP)	82	2	2.4%	*
	Other	82	0	0.0%	*
	B. Medication-assisted treatment	94	15	16.0%	*
	1. The following medication was used in treatment:				
	• Alcohol-related				
	Acamprosate (Campral)	15	0	0.0%	*
	Disulfiram (Antabuse)	15	0	0.0%	*
	• Opioid-related				
	Buprenorphine/Subutex	15	0	0.0%	*
	Methadone/ Levo-Alpha-Acetylmethadol (LAAM)	15	15	100.0%	*
	Naloxone	15	2	13.3%	*
	Naltrexone; long-acting injectable (Vivitrol)	15	0	0.0%	*
	Suboxone	15	0	0.0%	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	94	49	52.1%	*
	D. Were peer support services offered as part of the treatment continuum?	92	25	27.2%	2
	E. Were peer support services used as part of the treatment continuum?	25	25	100.0%	*
IV	**Treatment/Support Services/Rehabilitation Services**				
	A. The following services were used in treatment:				
	Individual counseling/therapy	94	73	77.7%	*
	Group counseling/therapy	94	82	87.2%	*
	Family counseling/therapy	94	1	1.1%	*
	Case management	94	84	89.4%	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	90	86	95.6%	4
	C. The number of completed counseling/therapy sessions during treatment was:				
	0–5 sessions	94	22	23.4%	*
	6–10 sessions	94	20	21.3%	*
	11 sessions or more	94	52	55.3%	*

Case File Review Findings for Measures I–VIII—MMIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	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	94	41	43.6%	*
	0 times during treatment	94	4	4.3%	*
	1–4 times during treatment	94	7	7.4%	*
	5–12 times during treatment	94	4	4.3%	*
	13–20 times during treatment	94	17	18.1%	*
	21 or more times during treatment	94	21	22.3%	*
	E. If there was evidence of lack of progress toward the identified goal, did the provider revise the treatment approach and/or seek consultation in order to facilitate positive outcomes?	46	30	65.2%	48
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	54	34	63.0%	40
	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?	51	12	23.5%	43
	H. If the individual was not involved with a meaningful community activity (volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual's interest in such an activity was explored?	46	13	28.3%	47
	I. Does the documentation reflect that substance abuse services were provided?	94	92	97.9%	*
V	**Gender Specific (female only)**				
	A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	4	4	100.0%	16

Case File Review Findings for Measures I–VIII—MMIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	B. If the female was pregnant, was there documentation of coordination of care efforts with the primary care physician and/or obstetrician?	2	2	100.0%	18
	C. If the female was pregnant, did documentation show evidence of education on the effects of substance use on fetal development?	2	1	50.0%	18
	D. If the female had a child less than 1 year of age, was there evidence that screening was completed for postpartum depression/psychosis?	1	0	0.0%	19
	E. If the female had dependent children, was there documentation to show that child care was addressed?	2	0	0.0%	18
	F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	20	9	45.0%	0
VI	**Opioid Specific**				
	A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	94	41	43.6%	*
	B. Was there documentation that the member was provided Medication-Assisted Treatment (MAT) education as a treatment option?	41	16	39.0%	*
	C. If yes to VI B, were they referred to a MAT provider?	16	16	100.0%	25
	D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	14	12	85.7%	27
	E. If a physical health concern was identified, were alternative pain management options addressed?	7	4	57.1%	34

Case File Review Findings for Measures I–VIII—MMIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	F. If member is a pregnant female, did documentation show evidence of education about the safety of methadone and/or Buprenorphine during the course of pregnancy?	0	0	---	41
	G. Was there documentation that the member was provided with relevant information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose?	41	7	17.1%	*
	H. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	41	19	46.3%	*
VII	**Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)**				
	A. Was there documentation present that a relapse prevention plan was completed?	62	49	79.0%	*
	B. Was there documentation that staff provided resources pertaining to community supports, including recovery self-help and/or other individualized support services?	62	56	90.3%	*
	C. Was there documentation that staff activity coordinated with other involved agencies at the time of discharge?	52	37	71.2%	10
VIII	**Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)**				
	The following efforts were documented:				
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	58	52	89.7%	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	43	35	81.4%	15

Case File Review Findings for Measures I–VIII—MMIC					
		DENOMINATOR	# of YES	% of YES	# of NA
	C. Were other attempts made to re-engage the individual, such as:				
	Home visit	38	2	5.3%	20
	Call emergency contact(s)	34	5	14.7%	24
	Contacting other involved agencies	39	20	51.3%	19
	Street outreach	22	0	0.0%	36
	Other	33	1	3.0%	24

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

Measure I—Intake/Treatment Planning

Initial Behavioral Health Assessment

- 98.9 percent of the sampled behavioral health case files contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual's initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial behavioral health assessment (I A.1–7) ranged from 81.7 percent to 100.0 percent.
- 81.7 percent of the behavioral health assessments contained documentation of screening for tuberculosis, hepatitis C, HIV, and other infectious diseases.
- 100.0 percent of the sampled behavioral health assessments addressed the substance-related disorder(s).
- Charitable choice requirements did not apply in 94 cases.

Individual Service Plan (ISP)

- 98.9 percent of the sampled behavioral health case files contained evidence that an ISP was completed within the required time frame of 90 days from the individual's initial appointment.
- 100.0 percent of the behavioral health case files contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 56.3 percent of the behavioral health case files contained evidence that the ISP was developed with the participation of the family/support network. In 61 cases, there was no family/support network or the individual declined inclusion of others in the service planning process.

Measure II—Placement Criteria/Assessment

- 96.8 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- 91.5 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.

- 60.6 percent of the sampled behavioral health case files contained evidence that the ASAM Patient Placement Criteria were revised/updated during treatment.
- In 2.1 percent of the sampled behavioral health case files, additional assessment tools were used during the course of treatment.

Measure III—Best Practice

- 87.2 percent of sampled behavioral health case files contained documentation that evidence-based practices were used in treatment. Twelve behavioral health case files lacked sufficient documentation to determine if evidence-based practices were used. RPT was used in 64.6 percent of the sampled behavioral health case files. The reviewers could select more than one response for Question III.A.1.
- MAT was documented in 16.0 percent of the sampled behavioral health case files.
- 52.1 percent of sampled behavioral health case files contained evidence that screening for substance use/abuse was conducted during treatment.
- 27.2 percent of sampled behavioral health case files contained evidence that peer support was offered as treatment. Two behavioral health case files contained documentation that peer support was declined by the individual. Of the remaining 25 individuals who were offered peer support services, 100.0 percent used the services.

Measure IV—Treatment/Support Services/Rehabilitation Services

- Documentation in the sampled behavioral health case files contained evidence that 89.4 percent of individuals received case management services, 87.2 percent received group counseling/therapy, 77.7 percent received individual counseling/therapy, and 1.1 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 95.6 percent of behavioral health case files contained documentation of progress or lack of progress toward the identified ISP goals. Four behavioral health case files had no ISP present or contained documentation that services were recent and there was no change in progress.
- 55.3 percent of the behavioral health case files records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 21.3 percent completed six to 10 sessions, and 23.4 percent completed zero to five sessions.
- 43.6 percent of behavioral health case files did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- If there was evidence of lack of progress toward the identified goal, in 65.2 percent of the sampled behavioral health case files, there was documentation that the provider revised the treatment approach and/or sought consultation to facilitate improvement. In 48 cases, symptomatic improvement was documented.
- If the individual was unemployed at intake, 63.0 percent of records demonstrated evidence that the individual's interest in finding employment was explored. Forty of the individuals were employed at intake or employment was not relevant to the individual's situation.

- 23.5 percent of behavioral health case files demonstrated evidence that if the individual was not participating in an educational or vocational training program, the individual's interest in participating in such a program was explored.
- 28.3 percent of the behavioral health case files demonstrated evidence that if the individual was not involved with a meaningful community activity, the individual's interest in such an activity was explored.
- 97.9 percent of the behavioral health case files contained evidence that substance abuse services were provided.

Measure V—Gender Specific (female only)

- 100.0 percent of the sampled behavioral health records contained a completed safety plan in cases where there was a history of domestic violence. In 16 cases, there were no domestic violence issues present.
- 100.0 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician.
- 50.0 percent of the behavioral health case files contained documentation that the pregnant female received education on the effects of substance use on fetal development.
- Evidence of gender-specific treatment services was found in 45 percent of the behavioral health case files.

Measure VI—Opioid Specific

- 43.6 percent of the behavioral health case files contained documentation of a diagnosed OUD.
- In 39.0 percent of the behavioral health case files of members diagnosed with OUD, MAT education was presented as a treatment option.
- 100.0 percent of members who accepted MAT as a treatment option were referred to a MAT provider.
- 85.7 percent of members with withdrawal symptoms were provided a referral and/or intervention with a medical provider.
- 17.1 percent of members with a diagnosis of OUD were provided information related to overdose, Naloxone education, and actions to take in the event of an opioid overdose.
- 46.3 percent of members who were diagnosed with OUD received education on the effects of polysubstance use with opioids.

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

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

- 71.2 percent of the behavioral health case files contained evidence of active coordination of care with other involved agencies.

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

- 89.7 percent of the sampled behavioral health case files contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 81.4 percent of behavioral health case files contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 15 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 5.3 percent of behavioral health case files; contacting other involved agencies, evident in 51.3 percent of behavioral health case files; and calling the emergency contact, documented in 14.7 percent of behavioral health case files. The reviewer could select more than one response to this question.

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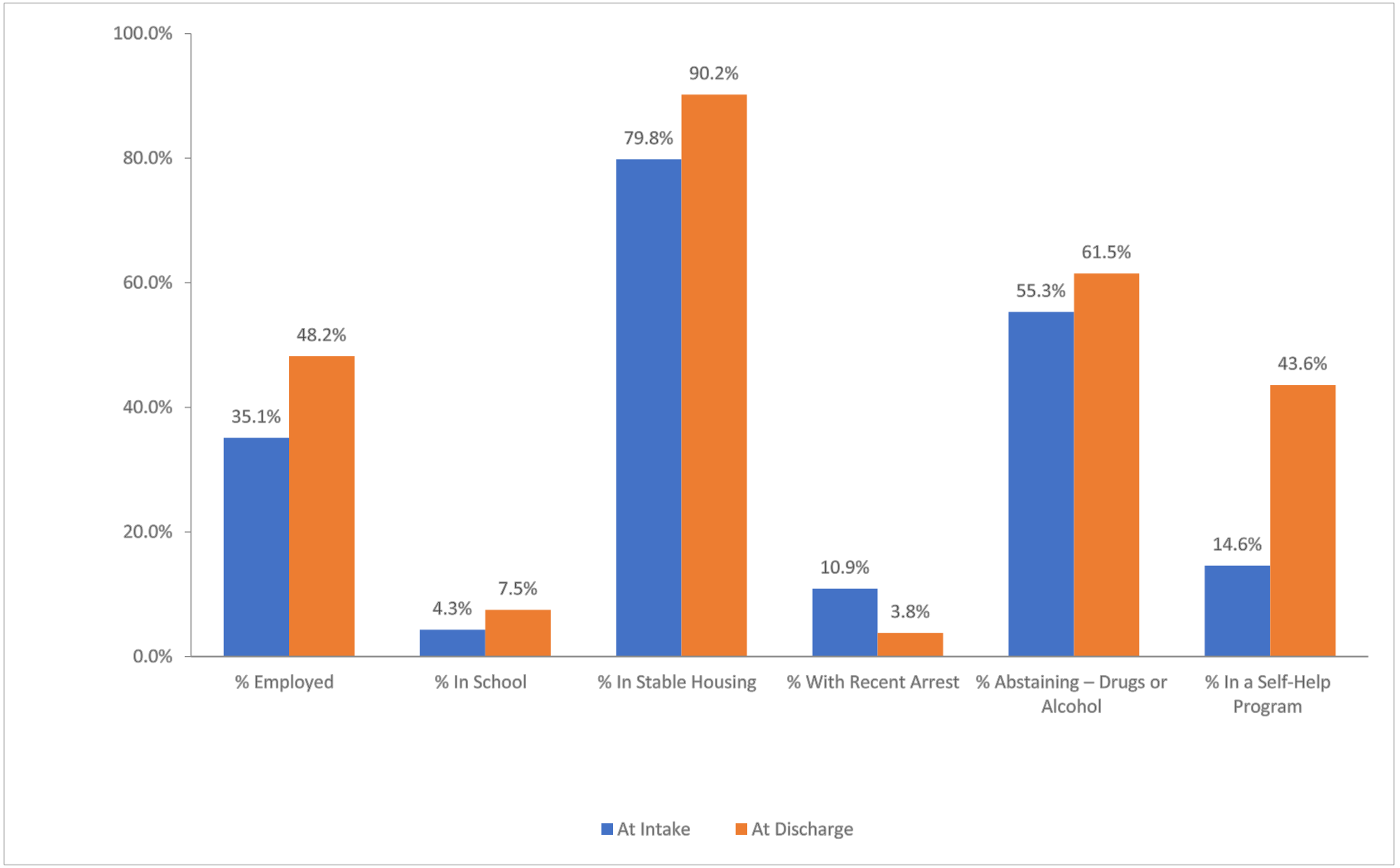
Table 3-6 and Figure 3-3 illustrate the MMIC case file review findings pertaining to Measure IX (NOMs). This table displays the number of "Yes" and the percentage of "Yes" responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual's arrest history 30 days prior to both intake and discharge, is a reverse measure. 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 IX National Outcome Measures

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	94	33	35.1%	83	40	48.2%
B. Enrolled in school or vocational educational program?	94	4	4.3%	80	6	7.5%
C. Lived in a stable housing environment? (not homeless)	94	75	79.8%	82	74	90.2%
D. Arrested 30 days prior?	92	10	10.9%	79	3	3.8%
E. Abstinent from drugs and/or alcohol?	94	52	55.3%	78	48	61.5%
F. Participated in social support recovery 30 days prior?	82	12	14.6%	78	34	43.6%

Note: Documentation was missing for up to 12 members regarding whether or not selected NOM indicators were completed at program intake.

Figure 3-3—Distribution of Measure IX
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 and provided to HSAG.

AHCCCS Substance Abuse Block Grant (SABG)
2018 Case File Review Tool

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

AHCCCS Substance Abuse Block Grant (SABG)
2018 Case File Review Tool

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

AHCCCS Substance Abuse Block Grant (SABG)
2018 Case File Review Tool

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

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

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

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

AHCCCS Substance Abuse Block Grant (SABG)
2018 Case File Review Tool

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

AHCCCS Substance Abuse Prevention and Treatment Block Grant (SABG)
FY 2018 Case File Review Instructions

The items below correspond to the 2018 SABG Case File Review Tool. Each case file will contain **one treatment segment.** For the purposes of this review, only supporting documentation falling between the **"date of intake"** and the **"date of closure"** for the selected treatment segment will be reviewed. The date of intake and date of closure are pre-populated on the case file review tool. The length of treatment will range from 30 days to 365 days. There must be at least one episode of care.

I. Intake/Treatment Planning

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. Placement Criteria/Assessment

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

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

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

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

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

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

D) Review the case file to determine if an assessment tool (can include other multi-dimensional placement criteria tools in lieu of ASAM) was utilized **during** the course of treatment at any time subsequent to intake/assessment. If an additional assessment tool was completed after the intake ASAM, answer **YES**. If answer is **YES**, please list the name of the tool in the box below. If an assessment tool was not completed after the intake ASAM, answer **NO**.

III. Best Practices

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

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

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

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

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

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

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

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

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

IV. Treatment/Support Services/Rehabilitation Services

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

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

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

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

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

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

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

E) If there was evidence of lack of progress toward the identified goal, review the case file to determine if staff revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement. Answer **YES** if the provider revised the treatment approach and/or sought consultation. If not, answer **NO**. Answer **NA** if symptomatic improvement is present in the case file.

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

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

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

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

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

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

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

C) If the individual was pregnant, review the case file to determine if there is evidence that staff provided education pertaining to the effects of substance use on fetal development. Answer **YES** if the case file contains evidence. Answer **NO** if evidence is not present. **Answer NA if the individual was not pregnant.**

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

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

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

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

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

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

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

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

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

F) If the individual is pregnant, review the case file to determine if there is evidence that staff provided education pertaining to the safety of methadone and/or Buprenorphine during the course of the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IX. National Outcome Measures (NOM)

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

A) Employed at intake?
Employed at discharge?

B) Enrolled in school or vocational educational program at intake?
Enrolled in school or vocational educational program at discharge?

C) Lived in a stable housing environment at intake? (Not homeless)
Lived in a stable housing environment at discharge? (Not homeless)

D) Arrested 30 days prior to treatment?
Arrested 30 days prior to discharge?

E) Was the individual abstinent from alcohol and/or drugs at intake?
Was individual abstinent from alcohol and/or drugs at discharge?

F) Participated in Social Support Recovery 30 days prior to treatment?
Participated in Social Support Recovery 30 days prior to discharge?