

Arizona Department of Health Services  
Division of Behavioral Health Services

Substance Abuse Prevention  
and Treatment  
Case File Review Findings  
2009

August 2009



1600 East Northern Avenue, Suite 100 ♦ Phoenix, AZ 85020  
Phone 602.264.6382 ♦ Fax 602.241.0757

<b>1. Introduction .....</b>	<b>1-1</b>
<b>2. Aggregate Case File Review Findings .....</b>	<b>2-1</b>
<b>3. Regional Behavioral Health Authority (RBHA) Case File Review Findings .....</b>	<b>3-1</b>
Community Partnership of Southern Arizona (CPSA) .....	3-1
Cenpatico .....	3-6
Magellan .....	3-11
Northern Arizona Regional Behavioral Health Authority (NARBHA) .....	3-16
<b>Appendix A. Case File Review Tool and Instructions .....</b>	<b>A-i</b>

Health Services Advisory Group, Inc. (HSAG), an Arizona-based external quality review organization (EQRO), was contracted by the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS) to collect data by conducting a case file review of behavioral health records. The case file review is a requirement of the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which was awarded to DBHS. DBHS 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). ADHS/DBHS contracts with RBHAs across the state to deliver a range of behavioral health services. The purpose of the case file review was to collect data in order for DBHS to assess the quality and appropriateness of substance abuse treatment services delivered by providers that receive funds from the block grant. A focus for DBHS was collecting data regarding non-completion of substance abuse services in an effort to identify areas where improvements might be made, thus leading to positive treatment outcomes.

DBHS developed, implemented, and validated the sampling methodology for the case file review. The sample population consisted of the following general criteria:

- ◆ Adults
- ◆ Enrolled in one of the following RBHAs:
  - Community Partnership of Southern Arizona (CPSA)
  - Cenpatico
  - Magellan of Arizona
  - Northern Arizona Regional Behavioral Health Authority (NARBHA)
- ◆ Title XIX, XXI, or mixed funding sources
- ◆ Received substance abuse services at a participating substance abuse treatment program in calendar year 2008
- ◆ Treatment ended in calendar year 2008

DBHS developed the data collection tool for the case file reviews, and HSAG converted the tool to an electronic format. The data collection tool involved clinical measures ranging from assessments to discharge planning. Experienced HSAG behavioral health record reviewers conducted the case file reviews; the reviewers abstracted behavioral health charts on-site at HSAG.

Table 1-1 depicts the distribution of the case file review sample by RBHA and Substance Abuse Treatment Program.

<b>Table 1-1—Distribution of Sample Cases</b>			
<b>RBHA</b>	<b>Treatment Program</b>	<b>Sample Cases</b>	<b>Percent of Sample Cases</b>
Community Partnership of Southern Arizona	CODAC Behavioral Health Services, Inc.	6	3.1%
	COPE Community Services, Inc.	8	4.1%
	La Frontera Center, Inc.	26	13.3%
	<b><i>Sub Total</i></b>	<b>40</b>	<b>20.4%</b>
Cenpatico	Crossroads Recovery Center	1	0.5%
	Pinal Hispanic Council	16	8.2%
	Yuma Treatment Center	9	4.6%
	<b><i>Sub Total</i></b>	<b>26</b>	<b>13.3%</b>
Magellan of Arizona	Community Bridges	24	12.2%
	Native American Connections, Inc.	27	13.8%
	New Arizona Family, Inc.	24	12.2%
	National Council on Alcoholism and Drug Dependence	26	13.3%
	<b><i>Sub Total</i></b>	<b>101</b>	<b>51.5%</b>
Northern Arizona Regional Behavioral Health Authority	Community Counseling Center	13	6.6%
	The Guidance Clinic	11	5.6%
	Verde Valley Guidance Clinic	5	2.6%
	<b><i>Sub Total</i></b>	<b>29</b>	<b>14.8%</b>
<b>Case File Review Sample Total</b>		<b>196</b>	<b>100.0%</b>

## 2. Aggregate Case File Review Findings

Table 2-1 represents the aggregate case file review findings for the four DBHS-contracted RBHAs.

In order to measure performance across identified standards, a “yes” answer was scored as one point and a “no” answer was scored as zero points. For each indicator, the denominator was defined as the sum of all “yes” and “no” answers such that the “% of YES” column represents the sum of all “yes” answers divided by the denominator. Answers of “NA” (not applicable) and “Unable to Determine” were excluded from the denominator to ensure that only applicable cases were evaluated in measure’s performance. However, the total number of “N/A” and “Unable to Determine” answers is provided in the “# of NA” and “# of Unable to Determine” columns. An “\*” represents a standard for which the “N/A” or “Unable to Determine” response is not an option. Due to the variation in the denominator size of the individual indicators, caution should be used when interpreting the findings.

Since this is a baseline measurement for the sampled population, DBHS has not yet established minimum performance standards for the indicators measured during the case file review. A review of the data presented in Table 2-1 showed that the aggregate performance scores for 22 of 31 scored indicators were at or above 80 percent, while nine indicator scores fell below 80 percent (questions III.C, VI.B.1-9, VI.C.1-3, and VI.D-E were for informational purposes only and were therefore excluded from scoring). In addition, 17 of 31 evaluated indicators scored at or above 90 percent.

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

**Aggregate Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
<b>I</b>	<b>Screening and Assessments</b>				
	A. Is there a current initial assessment or annual update?	<b>196</b>	<b>94.9%</b>	*	*
	1. Does the assessment/annual update address substance abuse issues?	<b>186</b>	<b>100.0%</b>	*	*
	2. Does the assessment/annual update describe the intensity/frequency of substance use?	<b>186</b>	<b>100.0%</b>	*	*
	3. Does the assessment/annual update identify specific individuals who may be supportive and helpful and who should be invited to be part of the individual's ongoing clinical team?	<b>186</b>	<b>96.8%</b>	*	*
	4. Does the assessment/annual update describe the presenting concerns?	<b>186</b>	<b>100.0%</b>	*	*
	5. Does the assessment/annual update describe how substance abuse affects daily functioning?	<b>186</b>	<b>99.5%</b>	*	*
	6. Does the assessment/annual update describe how substance abuse affects interpersonal relationships?	<b>186</b>	<b>98.4%</b>	*	*
	7. Does the assessment/annual update describe the vocational/educational needs (e.g., GED testing and services, literacy services, vocational training, etc.)?	<b>186</b>	<b>96.2%</b>	*	*

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

**Aggregate Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	8. Does the assessment/annual update include screening for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD, etc.)?	186	95.2%	*	*
	B. Is there use of a standardized addiction assessment tool?	196	71.4%	*	*
	C. Is screening/education for HIV/AIDS and STDs completed?	196	92.9%	*	*
	D. If the individual is not currently AHCCCS eligible, did the treatment program screen for AHCCCS eligibility?	93	86.0%	103	*
<b>II</b>	<b>Individual Service Plans (ISP)</b>				
	A. Is there a current Individual Service Plan (ISP)?	196	87.8%	*	*
	1. Does the ISP identify and incorporate the individual's strengths?	172	98.8%	*	*
	2. Does the ISP includes recovery goals that are measurable and person centered?	172	98.3%	*	*
	3. Are services offered congruent with the diagnosis and presenting concerns?	172	100.0%	*	*
	4. Does the ISP include medication monitoring, if applicable?	22	68.2%	150	*
	5. Does the ISP include a safety plan, if applicable (e.g. danger to self, danger to other, domestic violence, etc.)?	57	94.7%	115	*
	6. Does the ISP include toxicology screening?	172	17.4%	*	*
	7. Does the ISP address discharge planning?	172	85.5%	*	*
<b>III</b>	<b>Implementation of Treatment Services</b>				
	A. Do the progress notes show evidence of progress or lack of progress toward the identified ISP goals?	192	94.3%	4	*
	B. Are toxicology screening results completed according to the ISP?	30	60.0%	166	*
	C. Is the individual prescribed psychotropic medications by the PCP or Behavioral Health Medical Practitioner?	196	15.3%	*	*
	D. If the individual is prescribed psychotropic medication at the treatment site, does the documentation show informed consent was obtained?	13	69.2%	179	4
	E. Did outreach/follow up occur after:				
	1. Missed appointment(s)	101	51.5%	95	*
	2. Crisis episode(s)	8	87.5%	188	*
	3. Service refusal	10	80.0%	186	*

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

**Aggregate Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
<b>IV</b>	<b>Coordination of Care</b>				
	A. Is there evidence of coordination with the following:				
	1. PCP	55	96.4%	141	*
	2. Behavioral Health Medical Practitioner	34	70.6%	162	*
	3. Other stakeholders (e.g., probation, CPS, etc.)	168	90.5%	28	*
<b>V</b>	<b>Discharge and Continuing Care Plans</b>				
	A. Are resources provided regarding community supports, including recovery, self-help groups, and other individualized support services?	196	72.4%	*	*
<b>VI</b>	<b>Indication of Treatment Outcomes</b>				
	A. Did the individual complete treatment?	196	68.9%	*	*
	B. If the individual did not complete treatment, what was the reason?				
	1. Documented substance abuse relapse	61	9.8%	*	*
	2. Incarceration	61	4.9%	*	*
	3. Moved	61	6.6%	*	*
	4. Hospitalized	61	1.6%	*	*
	5. Disenrolled from RBHA	61	6.6%	*	*
	6. Deceased	61	0.0%	*	*
	7. Service refusal	61	9.8%	*	*
	8. Other	61	19.7%	*	*
	9. Unable to determine	61	41.0%	*	*
	C. Attendance of treatment sessions:				
	1. Did the individual attended 0-5 treatment sessions?	196	28.1%	*	*
	2. Did the individual attended 6-10 treatment sessions?	196	13.8%	*	*
	3. Did the individual attended more than 10 sessions?	196	58.2%	*	*
	D. Was the individual employed at the beginning of treatment?	191	35.6%	*	5
	E. Was the individual employed at the conclusion of treatment?	157	58.0%	*	39
* Not an option for this question.					

### Measure I—Screening and Assessments

- ◆ 94.9 percent of the sampled behavioral health records contained documentation of a current initial assessment or annual update. The performance scores for each of the indicators addressing the individual components pertaining to the initial or annual assessment (indicators A.1–8) exceeded 95 percent.
- ◆ The performance scores for the other screening indicators (I.B–D) ranged from 71.4 percent to 92.9 percent. The lowest of the screening scores addressed the use of a standardized addiction tool, which was contained in 71.4 percent of the records.
- ◆ For those records that did not contain a current initial assessment or annual update, four individuals attended 0–5 treatment sessions, while six attended more than 10 treatment sessions. Due to the multitude of variables that could potentially impact this score, HSAG suggests that DBHS explore this topic further.

### Measure II—Individual Service Plans (ISP)

- ◆ 87.8 percent of the records contained documentation of a current ISP. The performance scores for the individual components pertaining to the service plan ranged widely, from 17.4 percent to 100 percent. All but two performance scores exceeded 80.0 percent.
  - 68.2 percent of the ISPs contained documentation of medication monitoring, when applicable.
  - 17.4 percent of the ISPs included documentation of toxicology screening. Since the performance score was generally low across RBHAs, the high omission rate pertaining to toxicology screening warrants further research by DBHS.
- ◆ For those records that did not contain a current ISP, 12 individuals attended 0–5 treatment sessions, two attended 6–10 sessions, and 10 individuals attended 10 or more sessions. Due to the multitude of variables that could potentially impact this score, HSAG suggests that DBHS explore this topic further.

### Measure III—Implementation of Treatment Services

#### Progress

- ◆ 94.3 percent of the records contained documentation of progress or lack of progress toward the individuals' identified ISP goals.
- ◆ For those records that contained documentation of toxicology screening in the ISP (17.4 percent referenced in Measure II), 60.0 percent of the records contained evidence that the toxicology screening results were completed as prescribed by the ISP.

#### Medication Monitoring

- ◆ 15.3 percent of the sampled individuals were prescribed psychotropic medications by the PCP or behavioral health medical practitioner. For those individuals prescribed psychotropic medications at the treatment site, informed consent was present in 69.2 percent of the records. In addition, the performance score addressing coordination of care with behavioral health medical practitioners was 70.6 percent (Measure IV). Performance scores pertaining to medication management were consistent across measures, ranging from 68.2 percent to 70.6 percent.



### Outreach

- ◆ The performance scores for the indicators addressing outreach/follow-up after missed appointments, crisis episodes, and services refusal were 51.5 percent, 87.5 percent, and 80.0 percent, respectively.

### Measure IV—Coordination of Care

- ◆ The performance scores for the two indicators addressing coordination of care with the PCP and with other stakeholders (e.g., probation) exceeded 90 percent. The performance score pertaining to coordination of care with behavioral health medical practitioners was 70.6 percent.

### Measure V—Discharge and Continuing Care Plans

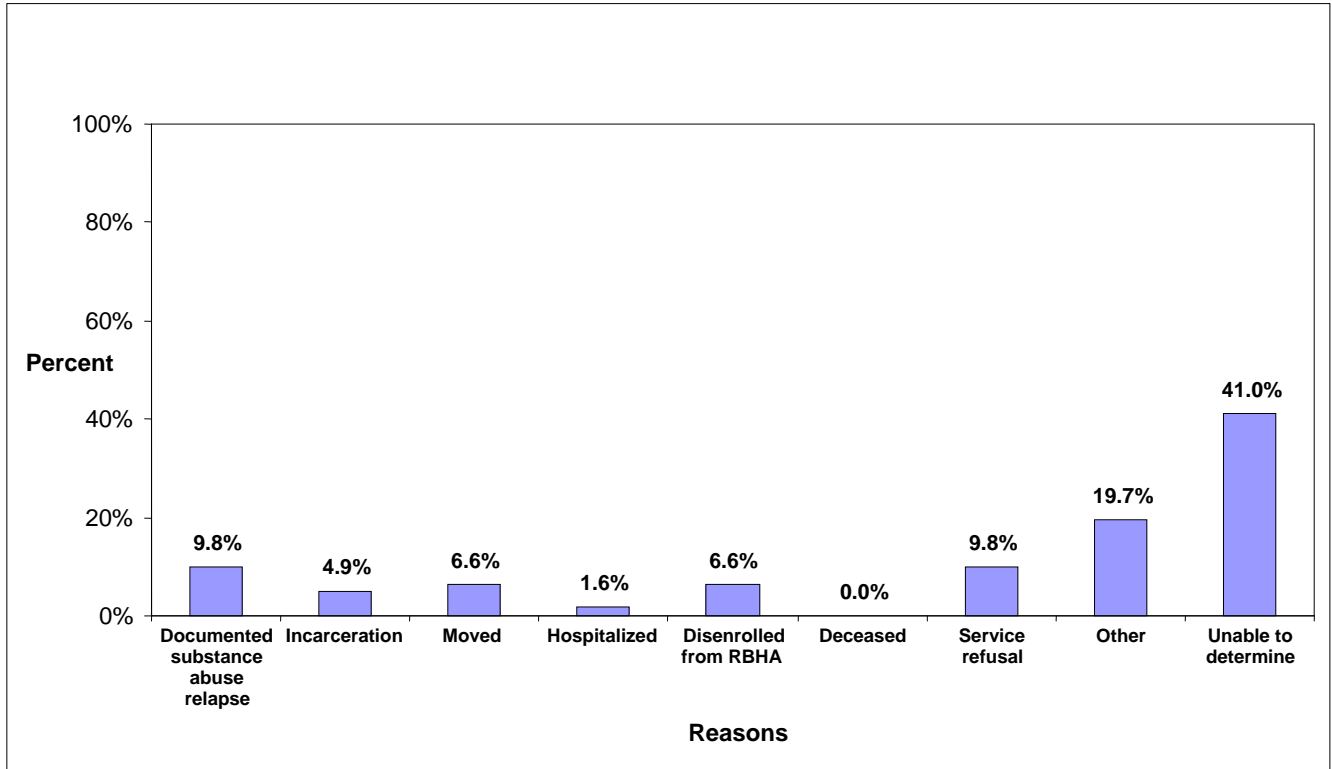
- ◆ 72.4 percent of the records contained documentation that the individuals received information regarding community supports, etc., whereas the performance score for the indicator addressing the inclusion of discharge planning in the ISP was 85.5 percent (Measure II).

### Measure VI—Indication of Treatment Outcomes

- ◆ 68.9 percent of the individuals **completed treatment**, while 31.1 percent **did not complete treatment**.

Figure 2-1 illustrates the documented reasons that the sampled individuals did not complete treatment.

**Figure 2-1—Reasons for Individuals NOT Completing Treatment Program**



*Note: Out of 196 cases reviewed, 61 individuals (31.1 percent) **did not** complete the treatment program.*

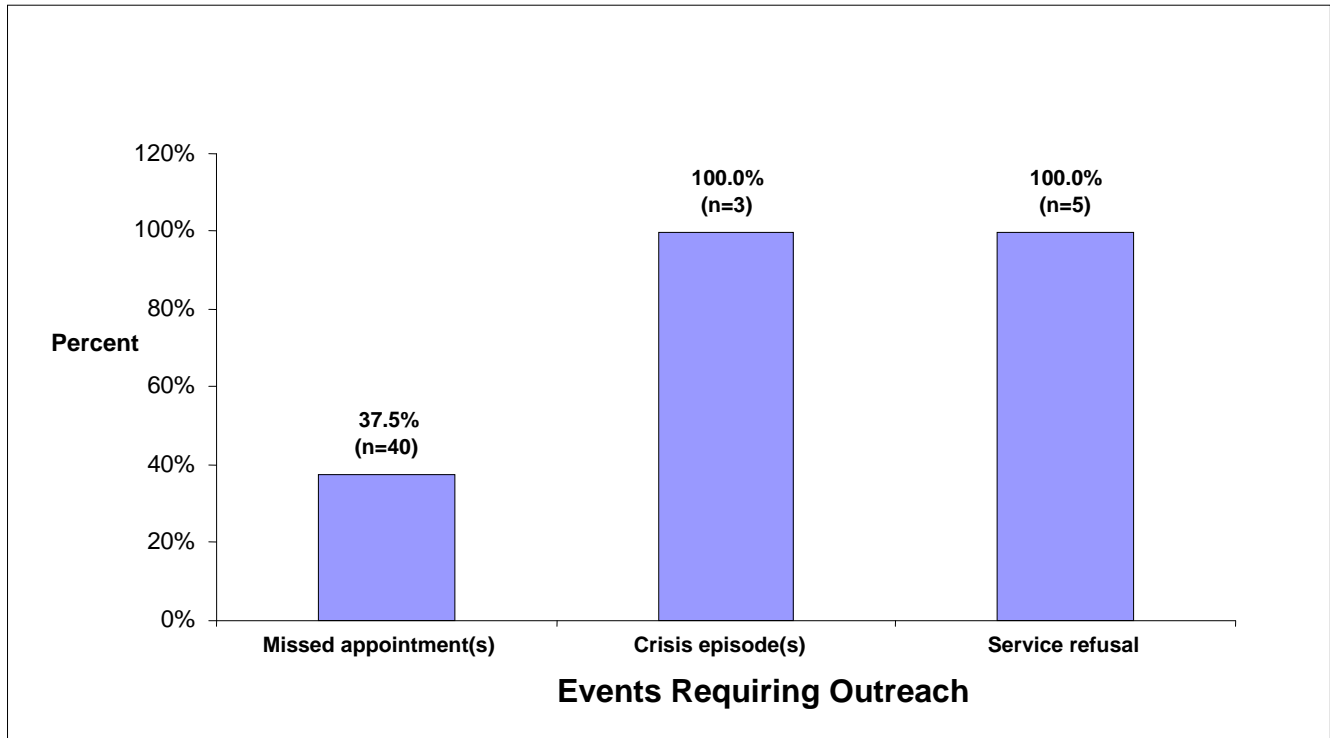
- ◆ As depicted in Figure 2-1, the reasons for not completing treatment varied among individuals. Given that 41.0 percent of the records did not contain documentation of a reason for discontinuation of services (as indicated by “Unable to determine”), this area may warrant further research by DBHS. This finding could be attributed to a lack of documentation as opposed to lack of follow-up by a staff member.

Table 2-2 shows the breakdown of the “other” category for not completing treatment, as referenced in Figure 2-1 and noted in the record documentation.

Table 2-2—Other Reasons For Not Completing Treatment	
“Other” Category	Sampled Individuals
Enrolled in residential treatment	1
Health issues	1
Detoxification referral	1
Lack of contact	8
Transfer to TRBHA services	1
<b>Total</b>	<b>12</b>

Figure 2-2 presents the percentage of outreach/follow-up conducted by the treatment program staff members when an event that required outreach occurred. The findings presented below are specific to those individuals that **did not complete treatment**.

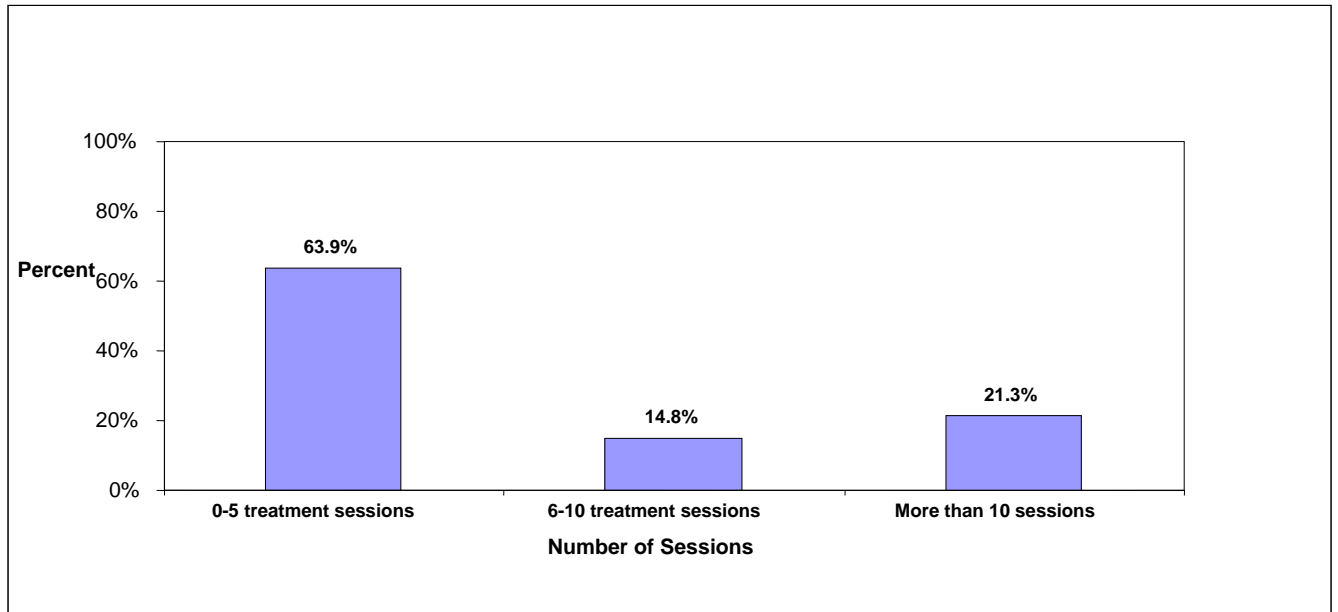
**Figure 2-2—Outreach/Follow-up that Occurred when Individuals DID NOT Complete Treatment**



*Note: Out of 196 cases reviewed, 61 individuals did not complete the treatment program. The denominator for each type of event is different because the event requiring outreach may not be applicable to each individual.*

Figure 2-3 represents the number of treatment sessions attended by those individuals who **did not** complete treatment.

**Figure 2-3—Number of Sessions Attended when Individuals DID NOT Complete Treatment**



*Note: Out of 196 cases reviewed, 61 individuals (31.1 percent) **did not** complete the treatment program.*

- ◆ As depicted in Figure 2-3, of the 61 individuals who **did not** complete treatment, 63.9 percent attended 0–5 treatment sessions, 14.8 percent attended 6–10 sessions, and 21.3 percent attended more than 10 sessions. Comparatively, of the 135 individuals who completed treatment, 11.9 percent attended 0–5 treatment sessions, 13.3 percent attended 6–10 sessions, and 74.8 percent attended more than 10 sessions.

- ◆ 35.6 percent of the total number of records reviewed contained documentation that the individuals were employed at the beginning of treatment, while 58.0 percent of the records contained documentation that the individuals were employed at the conclusion of treatment. This may be representative of a positive treatment outcome given that all but one RBHA demonstrated an increase in employment rates at the conclusion of treatment.
  - The denominators for the indicators addressing employment status differ since some records did not contain any documentation regarding employment status, as indicated by the value in the “Unable to Determine” column in Table 2-1.

### 3. RBHA Case File Review Findings

#### Community Partnership of Southern Arizona (CPSA)

Table 3-1 represents the aggregate case file review findings for the sampled individuals from CPSA.

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

Since this is a baseline measurement for the sampled population, DBHS has not yet established minimum performance standards for the indicators measured during the case file review. A review of the data presented in Table 3-1 showed that the performance scores for 21 of 30 scored indicators were at or above 80 percent, while nine indicator scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all sampled individuals. Questions III.C, VI.B.1–9, VI.C.1–3, and VI.D–E were for informational purposes only and were therefore excluded from scoring. In addition, 19 of 30 evaluated indicators scored at or above 90 percent.

**Table 3-1—Substance Abuse Prevention and Treatment**

**CPSA Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
<b>I</b>	<b>Screening and Assessments</b>				
	A. Is there a current initial assessment or annual update?	40	97.5%	*	*
	1. Does the assessment/annual update address substance abuse issues?	39	100.0%	*	*
	2. Does the assessment/annual update describe the intensity/frequency of substance use?	39	100.0%	*	*
	3. Does the assessment/annual update identify specific individuals who may be supportive and helpful and who should be invited to be part of the individual's ongoing clinical team?	39	97.4%	*	*
	4. Does the assessment/annual update describe the presenting concerns?	39	100.0%	*	*
	5. Does the assessment/annual update describe how substance abuse affects daily functioning?	39	97.4%	*	*
	6. Does the assessment/annual update describe how substance abuse affects interpersonal relationships?	39	94.9%	*	*
	7. Does the assessment/annual update describe the vocational/educational needs (e.g., GED testing and services, literacy services, vocational training, etc.)?	39	92.3%	*	*
	8. Does the assessment/annual update include screening for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD, etc.)?	39	97.4%	*	*

**Table 3-1—Substance Abuse Prevention and Treatment**

**CPSA Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	B. Is there use of a standardized addiction assessment tool?	40	67.5%	*	*
	C. Is screening/education for HIV/AIDS and STDs completed?	40	90.0%	*	*
	D. If the individual is not currently AHCCCS eligible, did the treatment program screen for AHCCCS eligibility?	27	85.2%	13	*
<b>II</b>	<b>Individual Service Plans (ISP)</b>				
	A. Is there a current Individual Service Plan (ISP)?	40	97.5%	*	*
	1. Does the ISP identify and incorporate the individual's strengths?	39	100.0%	*	*
	2. Does the ISP includes recovery goals that are measurable and person centered?	39	100.0%	*	*
	3. Are services offered congruent with the diagnosis and presenting concerns?	39	100.0%	*	*
	4. Does the ISP include medication monitoring, if applicable?	2	0.0%	37	*
	5. Does the ISP include a safety plan, if applicable (e.g. danger to self, danger to other, domestic violence, etc.)?	22	100.0%	17	*
	6. Does the ISP include toxicology screening?	39	7.7%	*	*
	7. Does the ISP address discharge planning?	39	92.3%	*	*
<b>III</b>	<b>Implementation of Treatment Services</b>				
	A. Do the progress notes show evidence of progress or lack of progress toward the identified ISP goals?	39	84.6%	1	*
	B. Are toxicology screening results completed according to the ISP?	3	33.3%	37	*
	C. Is the individual prescribed psychotropic medications by the PCP or Behavioral Health Medical Practitioner?	40	5.0%	*	*
	D. If the individual is prescribed psychotropic medication at the treatment site, does the documentation show informed consent was obtained?	2	100.0%	38	0
	E. Did outreach/follow up occur after:				
	1. Missed appointment(s)	17	23.5%	23	*
	2. Crisis episode(s)	0	---	40	*
	3. Service refusal	1	0.0%	39	*
<b>IV</b>	<b>Coordination of Care</b>				
	A. Is there evidence of coordination with the following:				
	1. PCP	5	100.0%	35	*

**Table 3-1—Substance Abuse Prevention and Treatment**

**CPSA Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	2. Behavioral Health Medical Practitioner	5	100.0%	35	*
	3. Other stakeholders (e.g., probation, CPS, etc.)	37	64.9%	3	*
<b>V</b>	<b>Discharge and Continuing Care Plans</b>				
	A. Are resources provided regarding community supports, including recovery, self-help groups, and other individualized support services?	40	40.0%	*	*
<b>VI</b>	<b>Indication of Treatment Outcomes</b>				
	A. Did the individual complete treatment?	40	75.0%	*	*
	B. If the individual did not complete treatment, what was the reason?				
	1. Documented substance abuse relapse	10	10.0%	*	*
	2. Incarceration	10	10.0%	*	*
	3. Moved	10	0.0%	*	*
	4. Hospitalized	10	0.0%	*	*
	5. Disenrolled from RBHA	10	10.0%	*	*
	6. Deceased	10	0.0%	*	*
	7. Service refusal	10	0.0%	*	*
	8. Other	10	0.0%	*	*
	9. Unable to determine	10	70.0%	*	*
	C. Attendance of treatment sessions:				
	1. Did the individual attended 0-5 treatment sessions?	40	35.0%	*	*
	2. Did the individual attended 6-10 treatment sessions?	40	25.0%	*	*
	3. Did the individual attended more than 10 sessions?	40	40.0%	*	*
	D. Was the individual employed at the beginning of treatment?	38	42.1%	*	2
	E. Was the individual employed at the conclusion of treatment?	34	67.6%	*	6

\* Not an option for this question.

--- Rates cannot be calculated for measures where the denominator is 0.

**Measure I—Screening and Assessments**

- ◆ 97.5 percent of the CPSA sampled behavioral health records contained documentation of a current initial assessment or annual update. The CPSA score was higher than the aggregate performance score of 94.9 percent. The CPSA performance scores for each of the indicators addressing the individual components pertaining to the initial or annual assessment (indicators A.1–8) met or exceeded 92.3 percent.



- ◆ The CPSA performance scores pertaining to the other screening indicators (I.B–D) ranged from 67.5 percent to 90.0 percent. The lowest of the screening scores pertained to the use of a standardized addiction tool, which was evident in 67.5 percent of the records. The CPSA performance score was lower than the aggregate performance score of 71.4 percent.

#### Measure II—Individual Service Plans (ISP)

- ◆ 97.5 percent of the CPSA records contained a current ISP, which exceeded the aggregate performance score of 87.8 percent.
  - The CPSA performance score pertaining to the inclusion of toxicology screenings in the ISP was 7.7 percent and was lower than the aggregate performance score of 17.4 percent.

#### Measure III—Implementation of Treatment Services

- ◆ 84.6 percent of the CPSA records contained documentation of progress or lack of progress toward the individuals' identified ISP goals, while the aggregate performance score was 94.3 percent.
- ◆ For those records that contained documentation of toxicology screening in the ISP (7.7 percent referenced in Measure II), 33.3 percent of records contained documentation that the toxicology screening results were completed as prescribed by the ISP.
- ◆ The performance scores pertaining to the indicators addressing outreach/follow-up after missed appointments and services refusal were 23.5 percent and 0.0 percent, respectively. There were no applicable crisis episodes.

#### Measure IV—Coordination of Care

- ◆ The two performance scores pertaining to the indicators addressing coordination of care with the PCP and behavioral health medical practitioner were both 100 percent.
- ◆ The CPSA performance score for the indicator pertaining to coordination with other stakeholders was 64.9 percent, while the aggregate performance score was 90.5 percent.

#### Measure V—Discharge and Continuing Care Plans

- ◆ 40.0 percent of the CPSA records contained documentation that the individuals received information regarding community supports, etc. The CPSA performance score was lower than the aggregate performance score of 72.4 percent. The CPSA performance score pertaining to the indicator addressing the inclusion of discharge planning in the ISP was 92.3 percent (located in Measure II).

#### Measure VI—Indication of Treatment Outcomes

- ◆ 75.0 percent of the CPSA records contained evidence that the individuals **completed treatment**, while 25.0 percent **did not complete treatment**. The CPSA performance score addressing completion of treatment exceeded the aggregate performance score of 68.9 percent.
  - The reasons for not completing treatment included documented substance abuse relapse, incarceration, and disenrollment from the RBHA. 70.0 percent of the records did not contain

documentation of a reason for discontinuation of services, as indicated by “Unable to determine.”

- ◆ 42.1 percent of the CPSA records reviewed contained documentation that the individuals were employed at the beginning of treatment, while 67.6 percent of the records contained documentation that the individuals were employed at the conclusion of treatment. This may be representative of a positive treatment outcome given that all but one RBHA demonstrated an increase in employment rates at the conclusion of treatment.
  - The denominators for the indicators addressing employment status differ since some records did not contain any documentation regarding employment status, as indicated by the value in the “Unable to Determine” column in Table 3-1.

## Cenpatico

Table 3-2 represents the aggregate case file review findings for the sampled individuals from Cenpatico.

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

Since this is a baseline measurement for the sampled population, DBHS has not yet established minimum performance standards for the indicators measured during the case file review. A review of the data presented in Table 3-2 showed that the performance scores for 24 of 30 scored indicators were at or above 80 percent, while six indicator scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all sampled individuals. Questions III.C, VI.B.1–9, VI.C.1–3, and VI.D–E were for informational purposes only and were therefore excluded from scoring. In addition, 18 of 30 evaluated indicators scored at or above 90 percent.

Table 3-2—Substance Abuse Prevention and Treatment					
Cenpatico Case File Review Findings					
		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
<b>I</b>	<b>Screening and Assessments</b>				
	A. Is there a current initial assessment or annual update?	26	100.0%	*	*
	1. Does the assessment/annual update address substance abuse issues?	26	100.0%	*	*
	2. Does the assessment/annual update describe the intensity/frequency of substance use?	26	100.0%	*	*
	3. Does the assessment/annual update identify specific individuals who may be supportive and helpful and who should be invited to be part of the individual's ongoing clinical team?	26	92.3%	*	*
	4. Does the assessment/annual update describe the presenting concerns?	26	100.0%	*	*
	5. Does the assessment/annual update describe how substance abuse affects daily functioning?	26	100.0%	*	*
	6. Does the assessment/annual update describe how substance abuse affects interpersonal relationships?	26	96.2%	*	*
	7. Does the assessment/annual update describe the vocational/educational needs (e.g., GED testing and services, literacy services, vocational training, etc.)?	26	96.2%	*	*
	8. Does the assessment/annual update include screening for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD, etc.)?	26	80.8%	*	*

**Table 3-2—Substance Abuse Prevention and Treatment**

**Cenpatico Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	B. Is there use of a standardized addiction assessment tool?	26	3.8%	*	*
	C. Is screening/education for HIV/AIDS and STDs completed?	26	88.5%	*	*
	D. If the individual is not currently AHCCCS eligible, did the treatment program screen for AHCCCS eligibility?	14	85.7%	12	*
<b>II</b>	<b>Individual Service Plans (ISP)</b>				
	A. Is there a current Individual Service Plan (ISP)?	26	80.8%	*	*
	1. Does the ISP identify and incorporate the individual's strengths?	21	100.0%	*	*
	2. Does the ISP includes recovery goals that are measurable and person centered?	21	100.0%	*	*
	3. Are services offered congruent with the diagnosis and presenting concerns?	21	100.0%	*	*
	4. Does the ISP include medication monitoring, if applicable?	1	0.0%	20	*
	5. Does the ISP include a safety plan, if applicable (e.g. danger to self, danger to other, domestic violence, etc.)?	20	100.0%	1	*
	6. Does the ISP include toxicology screening?	21	28.6%	*	*
	7. Does the ISP address discharge planning?	21	100.0%	*	*
<b>III</b>	<b>Implementation of Treatment Services</b>				
	A. Do the progress notes show evidence of progress or lack of progress toward the identified ISP goals?	25	88.0%	1	*
	B. Are toxicology screening results completed according to the ISP?	6	83.3%	20	*
	C. Is the individual prescribed psychotropic medications by the PCP or Behavioral Health Medical Practitioner?	26	7.7%	*	*
	D. If the individual is prescribed psychotropic medication at the treatment site, does the documentation show informed consent was obtained?	1	100.0%	25	0
	E. Did outreach/follow up occur after:				
	1. Missed appointment(s)	12	33.3%	14	*
	2. Crisis episode(s)	0	---	26	*
	3. Service refusal	1	100.0%	25	*
<b>IV</b>	<b>Coordination of Care</b>				
	A. Is there evidence of coordination with the following:				
	1. PCP	16	100.0%	10	*

**Table 3-2—Substance Abuse Prevention and Treatment**

**Cenpatico Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	2. Behavioral Health Medical Practitioner	3	100.0%	23	*
	3. Other stakeholders (e.g., probation, CPS, etc.)	19	100.0%	7	*
<b>V</b>	<b>Discharge and Continuing Care Plans</b>				
	A. Are resources provided regarding community supports, including recovery, self-help groups, and other individualized support services?	26	42.3%	*	*
<b>VI</b>	<b>Indication of Treatment Outcomes</b>				
	A. Did the individual complete treatment?	26	50.0%	*	*
	B. If the individual did not complete treatment, what was the reason?				
	1. Documented substance abuse relapse	13	0.0%	*	*
	2. Incarceration	13	7.7%	*	*
	3. Moved	13	0.0%	*	*
	4. Hospitalized	13	0.0%	*	*
	5. Disenrolled from RBHA	13	7.7%	*	*
	6. Deceased	13	0.0%	*	*
	7. Service refusal	13	15.4%	*	*
	8. Other	13	15.4%	*	*
	9. Unable to determine	13	53.8%	*	*
	C. Attendance of treatment sessions:				
	1. Did the individual attended 0-5 treatment sessions?	26	34.6%	*	*
	2. Did the individual attended 6-10 treatment sessions?	26	23.1%	*	*
	3. Did the individual attended more than 10 sessions?	26	42.3%	*	*
	D. Was the individual employed at the beginning of treatment?	25	44.0%	*	1
	E. Was the individual employed at the conclusion of treatment?	20	35.0%	*	6

\* Not an option for this question.

--- Rates cannot be calculated for measures where the denominator is 0.

**Measure I—Screening and Assessments**

- ◆ 100 percent of the Cenpatico sampled behavioral health records contained documentation of a current initial assessment or annual update. The Cenpatico score was higher than the aggregate performance score of 94.9 percent. All but one performance score pertaining to the indicators addressing the individual components of the initial or annual assessment (indicators A.1–8) met or exceeded 92.3 percent.

- The performance score pertaining to the indicator addressing screening for abuse/trauma issues was 80.8 percent.
- ◆ The Cenpatico performance scores pertaining to other screening indicators (I.B–D) ranged from 3.8 percent to 88.5 percent. The lowest of the performance scores addressed documentation of a standardized addiction tool, which was evident in 3.8 percent of the records. The Cenpatico performance score was lower than the aggregate performance score of 71.4 percent.

#### Measure II—Individual Service Plans (ISP)

- ◆ 80.8 percent of the Cenpatico records contained documentation of a current ISP. The Cenpatico score was lower than the aggregate performance score of 87.8 percent.
  - The Cenpatico performance score pertaining to documentation of toxicology screenings in the ISP was 28.3 percent and was higher than the aggregate performance score of 17.4 percent.

#### Measure III—Implementation of Treatment Services

- ◆ 88.0 percent of the Cenpatico records contained documentation of progress or lack of progress toward the individuals' identified ISP goals, while the aggregate performance score for this indicator was 94.3 percent.
- ◆ For those records that contained documentation of toxicology screening in the ISP (28.6 percent referenced in Measure II), 83.3 percent of records contained evidence that the toxicology screening results were completed as prescribed by the ISP.
- ◆ The performance scores for the indicators addressing outreach/follow-up after missed appointments and services refusal were 33.3 percent and 100 percent, respectively. There were no applicable crisis episodes.

#### Measure IV—Coordination of Care

- ◆ The performance scores for each of the indicators addressing coordination of care with the PCP, behavioral health medical practitioner, and other stakeholders was 100 percent.

#### Measure V—Discharge and Continuing Care Plans

- ◆ 42.3 percent of the Cenpatico records contained documentation that the individuals received information regarding community supports, etc. The Cenpatico performance score was lower than the aggregate performance score of 72.4. Conversely, the Cenpatico performance score for the indicator addressing the inclusion of discharge planning in the ISP was 100 percent (located in Measure II).

#### Measure VI—Indication of Treatment Outcomes

- ◆ 50.0 percent of the Cenpatico records contained evidence that the individuals **completed treatment**, while 50.0 percent **did not complete treatment**. The Cenpatico performance score addressing completion of treatment was lower than the aggregate performance score of 68.9 percent.

- While the reasons for not completing treatment varied among individuals, 53.8 percent of the records did not contain documentation of a reason for discontinuation of treatment, as indicated by “Unable to determine.”
- ◆ 44.0 percent of the Cenpatico records reviewed contained documentation that the individuals were employed at the beginning of treatment, while 35.0 percent of the records contained documentation that the individuals were employed at the conclusion of treatment.
- The denominators for the indicators addressing employment status differ since some records did not contain any documentation regarding employment status, as indicated by the value in the “Unable to Determine” column in Table 3-2.

## Magellan

Table 3-3 represents the aggregate case file review findings for the sampled individuals from Magellan.

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

Since this is a baseline measurement for the sampled population, DBHS has not yet established minimum performance standards for the indicators measured during the case file review. A review of the data presented in Table 3-3 showed that the performance scores for 24 of 31 scored indicators were at or above 80 percent, while seven indicator scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all sampled individuals. Questions III.C, VI.B.1–9, VI.C.1–3, and VI.D–E were for informational purposes only and were therefore excluded from scoring. In addition, 18 of 31 evaluated indicators scored at or above 90 percent.

**Table 3-3—Substance Abuse Prevention and Treatment**

**Magellan Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
<b>I</b>	<b>Screening and Assessments</b>				
	A. Is there a current initial assessment or annual update?	101	94.1%	*	*
	1. Does the assessment/annual update address substance abuse issues?	95	100.0%	*	*
	2. Does the assessment/annual update describe the intensity/frequency of substance use?	95	100.0%	*	*
	3. Does the assessment/annual update identify specific individuals who may be supportive and helpful and who should be invited to be part of the individual's ongoing clinical team?	95	96.8%	*	*
	4. Does the assessment/annual update describe the presenting concerns?	95	100.0%	*	*
	5. Does the assessment/annual update describe how substance abuse affects daily functioning?	95	100.0%	*	*
	6. Does the assessment/annual update describe how substance abuse affects interpersonal relationships?	95	100.0%	*	*
	7. Does the assessment/annual update describe the vocational/educational needs (e.g., GED testing and services, literacy services, vocational training, etc.)?	95	96.8%	*	*
	8. Does the assessment/annual update include screening for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD, etc.)?	95	96.8%	*	*



**Table 3-3—Substance Abuse Prevention and Treatment**

**Magellan Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	B. Is there use of a standardized addiction assessment tool?	101	88.1%	*	*
	C. Is screening/education for HIV/AIDS and STDs completed?	101	95.0%	*	*
	D. If the individual is not currently AHCCCS eligible, did the treatment program screen for AHCCCS eligibility?	38	86.8%	63	*
<b>II</b>	<b>Individual Service Plans (ISP)</b>				
	A. Is there a current Individual Service Plan (ISP)?	101	86.1%	*	*
	1. Does the ISP identify and incorporate the individual's strengths?	87	100.0%	*	*
	2. Does the ISP includes recovery goals that are measurable and person centered?	87	97.7%	*	*
	3. Are services offered congruent with the diagnosis and presenting concerns?	87	100.0%	*	*
	4. Does the ISP include medication monitoring, if applicable?	17	82.4%	70	*
	5. Does the ISP include a safety plan, if applicable (e.g. danger to self, danger to other, domestic violence, etc.)?	11	81.8%	76	*
	6. Does the ISP include toxicology screening?	87	18.4%	*	*
	7. Does the ISP address discharge planning?	87	75.9%	*	*
<b>III</b>	<b>Implementation of Treatment Services</b>				
	A. Do the progress notes show evidence of progress or lack of progress toward the identified ISP goals?	99	100.0%	2	*
	B. Are toxicology screening results completed according to the ISP?	16	68.8%	85	*
	C. Is the individual prescribed psychotropic medications by the PCP or Behavioral Health Medical Practitioner?	101	22.8%	*	*
	D. If the individual is prescribed psychotropic medication at the treatment site, does the documentation show informed consent was obtained?	8	62.5%	89	4
	E. Did outreach/follow up occur after:				
	1. Missed appointment(s)	59	59.3%	42	*
	2. Crisis episode(s)	6	100.0%	95	*
	3. Service refusal	8	87.5%	93	*
<b>IV</b>	<b>Coordination of Care</b>				
	A. Is there evidence of coordination with the following:				
	1. PCP	29	96.6%	72	*

**Table 3-3—Substance Abuse Prevention and Treatment**

**Magellan Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	2. Behavioral Health Medical Practitioner	23	60.9%	78	*
	3. Other stakeholders (e.g., probation, CPS, etc.)	86	98.8%	15	*
<b>V</b>	<b>Discharge and Continuing Care Plans</b>				
	A. Are resources provided regarding community supports, including recovery, self-help groups, and other individualized support services?	101	91.1%	*	*
<b>VI</b>	<b>Indication of Treatment Outcomes</b>				
	A. Did the individual complete treatment?	101	67.3%	*	*
	B. If the individual did not complete treatment, what was the reason?				
	1. Documented substance abuse relapse	33	15.2%	*	*
	2. Incarceration	33	3.0%	*	*
	3. Moved	33	9.1%	*	*
	4. Hospitalized	33	3.0%	*	*
	5. Disenrolled from RBHA	33	6.1%	*	*
	6. Deceased	33	0.0%	*	*
	7. Service refusal	33	12.1%	*	*
	8. Other	33	21.2%	*	*
	9. Unable to determine	33	30.3%	*	*
	C. Attendance of treatment sessions:				
	1. Did the individual attended 0-5 treatment sessions?	101	25.7%	*	*
	2. Did the individual attended 6-10 treatment sessions?	101	5.0%	*	*
	3. Did the individual attended more than 10 sessions?	101	69.3%	*	*
	D. Was the individual employed at the beginning of treatment?	100	28.0%	*	1
	E. Was the individual employed at the conclusion of treatment?	78	59.0%	*	23
* Not an option for this question.					

**Measure I—Screening and Assessments**

- ◆ 94.1 percent of the Magellan sampled behavioral health records contained documentation of a current initial assessment or annual update. The Magellan score was comparable to the aggregate performance score of 94.9 percent. The Magellan performance scores pertaining to all indicators addressing the individual components of the initial or annual assessment (indicators A.1–8) met or exceeded 96.8 percent.

- ◆ The performance scores pertaining to other screening indicators (I.B–D) ranged from 86.8 percent to 95.0 percent.

#### Measure II—Individual Service Plans (ISP)

- ◆ 86.1 percent of the Magellan records contained documentation of a current ISP, which was comparable to the aggregate performance score of 87.8 percent.
  - The Magellan performance score pertaining to documentation of toxicology screenings in the ISP was 18.4 percent, which was also comparable to the aggregate performance score of 17.4 percent.

#### Measure III—Implementation of Treatment Services

- ◆ 100 percent of the Magellan records contained documentation of progress or lack of progress toward the individuals' identified ISP goals, while the aggregate performance score for this indicator was 94.3 percent.
- ◆ For those ISPs that contained documentation of toxicology screening in the ISP (18.4 percent referenced in Measure II), 68.8 percent of the records contained documentation that toxicology screening results were completed as prescribed by the ISP.
- ◆ The performance scores pertaining to indicators addressing outreach/follow-up after missed appointments, crisis episodes, and services refusal were 59.3 percent, 100 percent, and 87.5 percent, respectively.

#### Measure IV—Coordination of Care

- ◆ The performance scores for the indicators addressing coordination of care with the PCP and other stakeholders were 96.6 percent and 98.8 percent, respectively. The performance score for the indicator addressing coordination of care with a behavioral health medical practitioner was lower, at 60.9 percent.

#### Measure V—Discharge and Continuing Care Plans

- ◆ 91.1 percent of the Magellan records contained documentation that the individuals received information regarding community supports, etc. The Magellan performance score was higher than the aggregate performance score of 72.4 percent. The Magellan performance score pertaining to the indicator addressing inclusion of discharge planning in the ISP was 75.9 percent (located in Measure II).

#### Measure VI—Indication of Treatment Outcomes

- ◆ 67.3 percent of Magellan records contained evidence that the individuals **completed treatment**, while 32.7 percent **did not complete treatment**. The Magellan performance score addressing completion of treatment was comparable to the aggregate performance score of 68.9 percent.
  - The reasons for not completing treatment varied among individuals. 30.3 percent of the records did not contain documentation of a reason for discontinuation of treatment, as indicated by “Unable to determine.”
- ◆ 28.0 percent of the Magellan records reviewed contained documentation that the individuals were employed at the beginning of treatment, while 59.0 percent of the records contained

documentation that the individuals were employed at the conclusion of treatment. This may be representative of a positive treatment outcome given that all but one RBHA demonstrated an increase in employment rates at the conclusion of treatment.

- The denominators for the indicators addressing employment status differ since some records did not contain any documentation regarding employment status, as indicated by the value in the “Unable to Determine” column in Table 3-3.

## Northern Arizona Regional Behavioral Health Authority (NARBHA)

Table 3-4 represents the aggregate case file review findings for the sampled individuals from NARBHA.

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

Since this is a baseline measurement for the sampled population, DBHS has not yet established minimum performance standards for the indicators measured during the case file review. A review of the data presented in Table 3-4 showed that the performance scores for 20 of 30 scored indicators were at or above 80 percent, while 10 indicator scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all sampled individuals. Questions III.C, VI.B.1–9, VI.C.1–3, and VI.D–E were for informational purposes only and were therefore excluded from scoring. In addition, 15 of 30 evaluated indicators scored at or above 90 percent.

**Table 3-4—Substance Abuse Prevention and Treatment**

**NARBHA Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
<b>I</b>	<b>Screening and Assessments</b>				
	A. Is there a current initial assessment or annual update?	29	89.7%	*	*
	1. Does the assessment/annual update address substance abuse issues?	26	100.0%	*	*
	2. Does the assessment/annual update describe the intensity/frequency of substance use?	26	100.0%	*	*
	3. Does the assessment/annual update identify specific individuals who may be supportive and helpful and who should be invited to be part of the individual's ongoing clinical team?	26	100.0%	*	*
	4. Does the assessment/annual update describe the presenting concerns?	26	100.0%	*	*
	5. Does the assessment/annual update describe how substance abuse affects daily functioning?	26	100.0%	*	*
	6. Does the assessment/annual update describe how substance abuse affects interpersonal relationships?	26	100.0%	*	*
	7. Does the assessment/annual update describe the vocational/educational needs (e.g., GED testing and services, literacy services, vocational training, etc.)?	26	100.0%	*	*
	8. Does the assessment/annual update include screening for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD, etc.)?	26	100.0%	*	*

**Table 3-4—Substance Abuse Prevention and Treatment**

**NARBHA Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	B. Is there use of a standardized addiction assessment tool?	29	79.3%	*	*
	C. Is screening/education for HIV/AIDS and STDs completed?	29	93.1%	*	*
	D. If the individual is not currently AHCCCS eligible, did the treatment program screen for AHCCCS eligibility?	14	85.7%	15	*
<b>II</b>	<b>Individual Service Plans (ISP)</b>				
	A. Is there a current Individual Service Plan (ISP)?	29	86.2%	*	*
	1. Does the ISP identify and incorporate the individual's strengths?	25	92.0%	*	*
	2. Does the ISP includes recovery goals that are measurable and person centered?	25	96.0%	*	*
	3. Are services offered congruent with the diagnosis and presenting concerns?	25	100.0%	*	*
	4. Does the ISP include medication monitoring, if applicable?	2	50.0%	23	*
	5. Does the ISP include a safety plan, if applicable (e.g. danger to self, danger to other, domestic violence, etc.)?	4	75.0%	21	*
	6. Does the ISP include toxicology screening?	25	20.0%	*	*
	7. Does the ISP address discharge planning?	25	96.0%	*	*
<b>III</b>	<b>Implementation of Treatment Services</b>				
	A. Do the progress notes show evidence of progress or lack of progress toward the identified ISP goals?	29	93.1%	0	*
	B. Are toxicology screening results completed according to the ISP?	5	20.0%	24	*
	C. Is the individual prescribed psychotropic medications by the PCP or Behavioral Health Medical Practitioner?	29	10.3%	*	*
	D. If the individual is prescribed psychotropic medication at the treatment site, does the documentation show informed consent was obtained?	2	50.0%	27	0
	E. Did outreach/follow up occur after:				
	1. Missed appointment(s)	13	69.2%	16	*
	2. Crisis episode(s)	2	50.0%	27	*
	3. Service refusal	0	---	29	*
<b>IV</b>	<b>Coordination of Care</b>				
	A. Is there evidence of coordination with the following:				
	1. PCP	5	80.0%	24	*

**Table 3-4—Substance Abuse Prevention and Treatment**

**NARBHA Case File Review Findings**

		DENOMINATOR	% of YES	# of NA	# of Unable to Determine
	2. Behavioral Health Medical Practitioner	3	66.7%	26	*
	3. Other stakeholders (e.g., probation, CPS, etc.)	26	92.3%	3	*
<b>V</b>	<b>Discharge and Continuing Care Plans</b>				
	A. Are resources provided regarding community supports, including recovery, self-help groups, and other individualized support services?	29	79.3%	*	*
<b>VI</b>	<b>Indication of Treatment Outcomes</b>				
	A. Did the individual complete treatment?	29	82.8%	*	*
	B. If the individual did not complete treatment, what was the reason?				
	1. Documented substance abuse relapse	5	0.0%	*	*
	2. Incarceration	5	0.0%	*	*
	3. Moved	5	20.0%	*	*
	4. Hospitalized	5	0.0%	*	*
	5. Disenrolled from RBHA	5	0.0%	*	*
	6. Deceased	5	0.0%	*	*
	7. Service refusal	5	0.0%	*	*
	8. Other	5	60.0%	*	*
	9. Unable to determine	5	20.0%	*	*
	C. Attendance of treatment sessions:				
	1. Did the individual attended 0-5 treatment sessions?	29	20.7%	*	*
	2. Did the individual attended 6-10 treatment sessions?	29	20.7%	*	*
	3. Did the individual attended more than 10 sessions?	29	58.6%	*	*
	D. Was the individual employed at the beginning of treatment?	28	46.4%	*	1
	E. Was the individual employed at the conclusion of treatment?	25	60.0%	*	4
* Not an option for this question.					
--- Rates cannot be calculated for measures where the denominator is 0.					

**Measure I—Screening and Assessments**

- ◆ 89.7 percent of the NARBHA sampled behavioral health records contained documentation of a current initial assessment or annual update. The NARBHA score was lower than the aggregate performance score of 94.9 percent. The NARBHA performance scores pertaining to each of the indicators addressing the individual components of the initial or annual assessment (indicators A.1–8) were 100 percent.

- ◆ The performance scores pertaining to the indicators addressing other screenings (I.B–D) ranged from 79.3 percent to 93.1 percent. The lowest of the performance scores addressed documentation of a standardized addiction tool, which was evident in 79.3 percent of the records. The Cenpatico performance score was higher than the aggregate performance score of 71.4 percent.

#### Measure II—Individual Service Plans (ISP)

- ◆ 86.2 percent of the NARBHA records contained documentation of a current ISP. The NARBHA performance score was comparable to the aggregate performance score of 87.8 percent.
  - The NARBHA performance score pertaining to the documentation of toxicology screenings in the ISP was 20.0 percent, which was higher than the aggregate performance score of 17.4 percent.

#### Measure III—Implementation of Treatment Services

- ◆ 93.1 percent of the NARBHA records contained documentation of progress or lack of progress toward the identified ISP goals. The NARBHA performance score was lower than the aggregate performance score of 94.3 percent.
- ◆ For those ISPs that contained documentation of toxicology screening (20.0 percent referenced in Measure II), 20.0 percent of the records contained documentation that the toxicology screening results were completed as prescribed by the ISP.
- ◆ The performance scores for the indicators addressing outreach/follow-up after missed appointments and crisis episodes were 69.2 percent and 50.0 percent, respectively. There were no applicable instances of service refusal.

#### Measure IV—Coordination of Care

- ◆ The performance scores pertaining to the indicators addressing coordination of care with the PCP, behavioral health medical practitioner, and other stakeholders were 80.0 percent, 66.7 percent, and 92.3 percent, respectively.

#### Measure V—Discharge and Continuing Care Plans

- ◆ 79.3 percent of the NARBHA records contained documentation that the individuals received information regarding community supports, etc. The NARBHA performance score was higher than the aggregate performance score of 72.4 percent. The NARBHA performance score for the indicator addressing documentation of discharge planning in the ISP was 96.0 percent (located in Measure II).

#### Measure VI—Indication of Treatment Outcomes

- ◆ 82.8 percent of the NARBHA records contained evidence that the individuals **completed treatment**, while 17.2 percent **did not complete treatment**. The NARBHA performance score pertaining to completion of treatment was higher than the aggregate performance score of 68.9 percent.



- The reasons for not completing treatment included “moved” and “other.” 20 percent of the records did not contain documentation of a reason for discontinuation of services, as indicated by “Unable to determine.”
- ◆ 46.4 percent of the NARBHA records reviewed contained documentation that the individuals were employed at the beginning of treatment, while 60.0 percent of the records contained documentation that the individuals were employed at the conclusion of treatment. This may be representative of a positive treatment outcome given that all but one RBHA demonstrated an increase in employment rates at the conclusion of treatment.
- The denominators for the indicators addressing employment status differ since some records did not contain any documentation regarding employment status, as indicated by the value in the “Unable to Determine” column in Table 3-4.

## *Appendix A.* Case File Review Tool and Instructions

Appendix A contains the Case File Review Tool and corresponding tool instructions developed by DBHS and provided to HSAG.

Arizona Department of Health Services

SAPT Case File Review Tool 2009

#	<i>ICR Standard</i>	Yes	No	N/A	Unable to determine
I	<b>Screening and Assessments</b>				
	A. Is there a current assessment or annual update?				
	1. Does the assessment/annual update address substance abuse issues?				
	2. Does the assessment/annual update describe the intensity/frequency of substance use?				
	3. Does the assessment/annual update identify specific individuals who may be supportive and helpful and who should be invited to be part of the individual's ongoing clinical team?				
	4. Does the assessment/annual update describe the presenting concerns?				
	5. Does the assessment/annual update describe how substance abuse affects daily functioning?				
	6. Does the assessment/annual update describe how substance abuse affects interpersonal relationships?				
	7. Does the assessment/annual update describe the vocational/educational needs (e.g., GED testing and services, literacy services, vocational training, etc.)?				
	8. Does the assessment/annual update include screening for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD, etc.)?				
	B. Is there use of a standardized addiction assessment tool?				
	C. Is screening/education for HIV/AIDS and STDs completed?				
	D. If the individual is not currently AHCCCS eligible, did the treatment program screen for AHCCCS eligibility?				
	II	<b>Treatment Planning</b>			
A. Is there a current Individual Service Plan (ISP)?					
1. Does the ISP identify and incorporate the individual's strengths?					
2. Does the ISP includes recovery goals that are measurable and person centered?					
3. Are services offered congruent with the diagnosis and presenting concerns?					
4. Does the ISP include medication monitoring, if applicable?					
5. Does the ISP include a safety plan, if applicable (e.g. danger to self, danger to others, domestic violence, etc.)?					
6. Does the ISP include toxicology screening?					
7. Does the ISP address discharge planning?					
III	<b>Documentation of Implementation of Treatment Services</b>				
	A. Do the progress notes show evidence of progress or lack of progress toward the identified ISP goals?				

#	<i>ICR Standard</i>	Yes	No	N/A	Unable to determine
	B. Are toxicology screening results completed according to the ISP?				
	C. Is the individual prescribed psychotropic medications by the PCP or Behavioral Health Medical Practitioner?				
	D. If the individual is prescribed psychotropic medication at the treatment site, does the documentation show informed consent was obtained?				
	E. Did outreach/follow up occur after:				
	1. Missed appointment(s)				
	2. Crisis episode(s)				
	3. Service refusal				
IV	<b>Coordination of Care</b>				
	A. Is there evidence of coordination with the following:				
	1. PCP				
	2. Behavioral Health Medical Practitioner				
	3. Other stakeholders (e.g., probation, CPS, etc.)				
V	<b>Discharge and Continuing Care Plans</b>				
	A. Are resources provided about community supports, including recovery, self-help groups, and other individualized support services?				
VI	<b>Indication of Treatment Outcomes</b>				
	A. Did the individual complete treatment?				
	B. If the individual did not complete treatment, what was the reason?				
	1. Documented substance abuse relapse				
	2. Incarceration				
	3. Moved				
	4. Hospitalized				
	5. Disenrolled from RBHA				
	6. Deceased				
	7. Service refusal				
	8. Other				
	9. Unable to determine				
	C. Attendance of treatment sessions:				
	1. Did the individual attended 0-5 treatment sessions?				
	2. Did the individual attended 6-10 treatment sessions?				
	3. Did the individual attended more than 10 sessions?				
	D. Was the individual employed at the beginning of treatment?				
	E. Was the individual employed at the conclusion of treatment?				

## **ADHS/DBHS Substance Abuse Prevention and Treatment (SAPT) 2009 Case File Review Instructions**

The items below correspond to the SAPT Case File Review Tool. Each case file should include data from the entire time period during which individual received services at the outpatient substance abuse treatment program. All documents contained in each case file should be considered during the review, unless otherwise specified. **In some situations, limited data will be available (e.g., individual completed intake only, individual dropped out of treatment, individual incarcerated, etc.). In these cases, study elements will be answered NO when evidence is not present in the case file.**

### **I. Screening and Assessments for Co-occurring Disorders**

**A.)** Review the case file to determine the **most recent** assessment or annual update located in the case file. The initial assessment or annual update may be completed by the referring agency prior to initiation of services at the outpatient substance abuse treatment program and/or may be completed by the treatment program after the initiation of services. Answer YES if the **most recent** assessment or annual update was considered **current** at the time that the case was closed at the outpatient treatment program. For the purposes of this study, current is defined in the following manner: The initial assessment or annual update occurred no more than 12 months prior to date of closure at the outpatient treatment program. In addition, initial assessments must be completed within 45 days of the initial intake appointment. Answer NO if the **most recent** assessment is not current at the time of case closure or if there is no initial assessment or annual update located in the case file.

**For each component related to assessment below (1-8), consider the information from the most recent assessments contained in the case file when responding to the questions. Assessments may include initial assessment(s) and/or annual update(s) completed by the referring agency and/or the outpatient substance abuse treatment program.**

1) Review the most recent initial assessment or annual update to determine if the assessment addresses substance abuse issues. Answer YES if the assessment(s) addresses this component. If the assessment(s) does not address substance abuse issues, answer NO.

2) Review the most recent initial assessment or annual update to determine if the assessment describes the intensity/frequency of substance use. Answer YES if the assessment addresses this component. If the assessment does not describe the frequency of substance use, answer NO.

- 3) Review the most recent initial assessment or annual update to determine if the assessment includes the identification of specific people who may be supportive or helpful and who should be invited to and be part of the individual's ongoing clinical team. Answer YES if the assessment addresses this component or the individual declines the inclusion of others in the treatment process. If the assessment does not address this component, answer NO.
- 4) Review the most recent initial assessment or annual update to determine if the assessment describes presenting concerns. Answer YES if the assessment addresses this component. If the assessment does not include presenting concerns, answer NO.
- 5) Review the most recent initial assessment or annual update to determine if the assessment describes how substance abuse affects the daily functioning of the individual. Answer YES if the assessment addresses this component. If the assessment does not describe how substance abuse affects daily functioning, answer NO.
- 6) Review the most recent initial assessment or annual update to determine if the assessment describes how substance abuse affects the interpersonal relationships of the individual. Answer YES if the assessment addresses this component. If the assessment does not describe how substance abuse affects the interpersonal relationships of the individual, answer NO.
- 7) Review the most recent initial assessment or annual update to determine if the assessment includes the vocational/educational needs of the (e.g. GED testing and services, literacy programs, vocational training, etc.). Answer YES if the assessment addressed this component. If the assessment does not address the vocational/educational needs of the individual, answer NO.
- 8) Review the most recent initial assessment or annual update to determine if the assessment includes a screening for abuse/trauma issues (e.g., domestic violence, sexual abuse/assault, PTSD). Answer YES if the assessment addresses this component. If the assessment does not address screening for abuse/trauma, answer NO.

**For each type of assessment below (B-D), review the entire case file to determine if each type of assessment was completed during the course of treatment at the outpatient treatment program.**

**B)** Review the case file to determine if there is evidence of the use of a standardized addiction assessment tool (e.g. ASAM, TWEAK AUDIT, DAST-10). Answer YES if a standardized addiction assessment tool is used. If the assessment does not include the use of a standardized assessment tool, answer NO.

**C)** Review the case file to determine if there is evidence of education/screening for HIV/AIDS and STDs. Answer YES if education/screening for HIV/AIDS and STDs is

conducted (e.g. risk assessment or laboratory testing). If the case file does not contain education/screening for HIV/AIDS and STDs, answer NO.

**D)** Review the case file to determine if the individual was AHCCCS eligible at the time that services were initiated at the treatment facility. If the individual was not AHCCCS eligible at the time that services were initiated at the treatment facility, and the treatment facility screened for AHCCCS eligibility, answer YES. If the individual was not AHCCCS eligible and the treatment facility **did not** screen for AHCCCS eligibility, answer NO. Answer NA if the individual was already eligible and receiving AHCCCS services when entering treatment at the outpatient treatment facility. AHCCCS eligibility may be found in demographic information or other documents demonstrating an AHCCCS eligibility inquiry (e.g., ADHS Form AE-01).

## **II. Treatment Planning**

**A.)** Review the case file to determine the most recent treatment plan contained in the case file. If the **most recent** treatment plan is considered current, answer YES. Initial treatment plans should be completed within 90 days of the initial intake appointment. Treatment plans should be updated at least annually, but more frequently if indicated. Answer NO if the **most recent** treatment plan has not been updated as necessary. If there is no treatment plan located in the case file, answer NO.

**1)** Review the most recent treatment plan to determine if it identifies and incorporates the individual's strengths. If the treatment plan incorporates the individual's strengths, answer YES. If the treatment plan does not incorporate the individual's strengths, answer NO.

**2)** Review the most recent treatment plan to determine if it contains recovery goals that are measurable and person centered. If the treatment goals are measurable and person centered, answer YES. If the treatment goals are not measurable and person centered, answer NO.

**3)** Review the most recent treatment plan to determine if the scope, intensity and duration of services offered is congruent with the diagnosis(es). If the scope, intensity and duration of services offered is congruent with the diagnosis(es), answer YES. If the scope, intensity and duration of services offered are not congruent with the diagnosis(es), answer NO.

**4)** Review the most recent treatment plan to determine if it includes medication monitoring, if applicable. If the individual is prescribed medications and the treatment plan includes medication monitoring, answer YES. If the individual is prescribed medications and the treatment plan does not include medication monitoring, answer NO. Answer NA if the individual is not prescribed medications and medication monitoring is not applicable to the individual.

5) Review the most recent treatment plan to determine if it includes a safety plan, when applicable, (e.g., danger to self, danger to others, domestic violence, etc.) If the treatment plan includes a safety plan, when applicable, answer YES. If the treatment plan does not include a safety plan, when applicable, answer NO. Answer NA if a safety plan is not applicable.

6) Review the most recent treatment plan to determine if contains toxicology screening. If the treatment plan includes toxicology screening, answer YES. If the treatment plan does not incorporate toxicology screening, answer NO.

7) Review the most recent treatment plan to determine if discharge planning is addressed. If the ISP addresses discharge planning, answer YES. If the treatment plan does not address discharge planning, answer NO.

### III. Documentation of Implementation of Treatment Services

A) Review the case file to determine if it shows evidence of progress or lack of progress toward the identified treatment goals. If the case file shows evidence of 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. You may answer NA if services provided are recent and there is no change in progress or if there is not sufficient time to document progress or lack of progress.

B) Review the case file to determine if toxicology results are present as dictated by the treatment plan. Answer YES if toxicology results are located in the case file as dictated by the treatment plan. Answer NO if toxicology results are not present in the case file as indicated in the treatment plan. Answer NA if toxicology screening was not included in the treatment plan (if question II.A.6. is NO).

C) Review the case file to determine if the individual is prescribed psychotropic medications by the PCP or Behavioral Health Medical Practitioner **during the 12 months prior to the date of case closure at the outpatient treatment program.** Answer YES if the individual is prescribed psychotropic medications during the 12 months prior to the date of case closure at the outpatient treatment program. Answer NO if the individual is not prescribed psychotropic medications.

D) If the individual is prescribed medications by a Behavioral Health Medical Practitioner **located at the treatment program**, review the case file to determine if the individual and/or guardian(s) are informed and give consent for **each** new psychotropic medication prescribed **during the 12 months prior to the date of case closure at the outpatient treatment program.** A YES answer indicates that there is written documentation that the individual or legal guardian gave informed consent for **all** of the new medications prescribed in during the 12 months prior to the date of case closure at the outpatient treatment program. If there is informed consent for only some of the newly prescribed psychotropic medications in the review period, answer NO. Answer NA if the individual is not prescribed medications at the treatment site or was not prescribed any



new psychotropic medications during the 12 months prior to case closure at the treatment program (if question III.C. is NO). If the case file does not contain documentation to substantiate that the Behavioral Health Medical Practitioner is **located at the treatment program**, answer “UNABLE TO DETERMINE.”

If a new medication is prescribed during the 12 months prior to case closure at the treatment program and a consent is located in the case file, a new consent is not necessary if the medication is discontinued and resumed.

Evidence that the individual written consent to take prescribed psychotropic medications can be located in the standardized DBHS informed consent form (PM Form 3.15.1), a RBHA specific consent forms, or a treatment program specific form that contains the essential elements of the DBHS standardized form.

E) Outreach/follow-up occurs after:

1) Review the case file to determine: 1) if any appointments were missed **during the 12 months prior to case closure at the treatment program** and 2) if outreach/follow-up occurred after any missed appointments. Outreach/follow-up activities may include telephonic or written contact or home visits. If no clinic or other appointments were missed during the 12 months prior to case closure at the treatment program, answer NA or if there is not sufficient time in the review period, to measure follow-up after a missed appointment, answer NA. If there were missed appointments during the 12 months prior to case closure at the treatment program and evidence of follow up is present, answer YES. If not, answer NO. If more than one appointment was missed, follow-up must occur after each missed appointment to qualify for a YES answer.

2) Review the case file to determine if the individual had a crisis episode. If the case file indicates that the individual had a crisis episode **during the 12 months prior to case closure at the treatment program**, determine if outreach/follow up occurred after the episode. Outreach/follow-up activities may include telephonic or written contact or home visits. If follow up occurred, answer YES. If not, answer NO. If the case file indicates that the individual did not have a crisis episode during the 12 months prior to case closure at the treatment program, answer NA or if there is not sufficient time in the review period, to measure follow-up, answer NA. If there is more than one crisis episode, follow-up must occur after each episode to answer YES. Crisis should not be limited to an urgent care center or hospital emergency room visit or an event requiring emergency intervention. For the purpose of this study, crisis will be considered any event requiring crisis intervention, including mobilization of the mobile crisis unit. Calls to a crisis line will not be included unless they result in the need for crisis intervention. Outreach should be conducted in a time frame conducive with the individual’s clinical needs, **but no later than 7 days**.

3) Review the case file. If the case file indicates that the individual refused a service during the 12 months prior to case closure at the treatment program, determine if outreach/follow up occurred after the refusal. If outreach occurred, answer YES. If not, answer NO. If there is no indication in the case file that the individual refused a service during the 12 months prior to case closure at the treatment program, answer NA or if there is not sufficient time in the review period, to measure follow-up, answer NA. Outreach/follow-up activities may include telephonic or written contact or home visits. If an individual refused a service more than once, follow-up must occur after each refusal to qualify for a yes answer.

#### **IV. Coordination of Care**

A) Review the case file information to determine if there is evidence that, when appropriate, staff have made efforts to coordinate behavioral health care with each of the entities listed below. If there is evidence in the case file indicating that staff attempted to coordinate/communicate behavioral health care, answer YES. If there is evidence that these service providers would have an impact on treatment process but there is no evidence of staff efforts to engage them, answer NO. Answer NA if the service provider does not apply (e.g., if the demographic information indicates the individual does not have a PCP). Since an adult individual has to give permission for other involved parties to participate in treatment, this should be considered when responding to each component. Active engagement includes verbal or written efforts to solicit their input or share information.

- 1) PCP
- 2) Behavioral Health Medical Practitioner (that prescribes medication).
- 3) Other stakeholders (probation, CPS, etc.)

#### **V. Discharge and Continuing Care Plans**

A) Review the case file to determine if there is evidence that staff provided resources about community supports, including recovery self-help groups and/or other support services. If there is evidence that staff provided information resource and/or referral information, answer YES. A yes response indicates that staff provided information and/or referral regarding at least one resource. If there is no evidence, answer NO.

#### **VI. Indication of Treatment Outcomes**

A) Review the case file to determine if the individual completed treatment. If the individual completed treatment, answer YES. If the individual did not complete treatment, (e.g., individual dropped out of treatment due to relapse) answer NO.

B) If the individual did not complete treatment (if VI. A. is NO), review the case file to determine the reason why the individual did not complete treatment. Answer YES next to the most appropriate reason. Answer NO next to the remaining reasons.

- 1) Documented substance abuse relapse

- 2) Incarcerated
- 3) Moved
- 4) Hospitalized
- 5) Disenrolled from RBHA
- 6) Deceased
- 7) Service refusal
- 8) Other- Enter the reason in the text field.
- 9) Unable to determine

**C)** Review the case file to determine how many treatment sessions the individual attended during the course of treatment. Treatment sessions include individual and group sessions and peer sessions. Self help groups attended by the individual and medication management sessions should not be included. Answer YES next to the appropriate number of sessions. Answer NO next to the remaining options.

- 1) 0-5 treatment sessions
- 2) 6-10 treatment sessions
- 3) More than 10 treatment sessions

**D)** Review the case file review to determine if the individual was employed at the beginning of services at the treatment program. Answer YES if the individual was employed at the onset of treatment. If the individual was not employed at the onset of treatment, answer NO. If the case file does not include documentation addressing the individual's employment status at the onset of services at the substance abuse treatment program, answer "UNABLE TO DETERMINE."

**E)** Review the case file review to determine if the individual was employed at the conclusion of services at the treatment program. Answer YES if the individual was employed at the conclusion of treatment. If the individual was not employed at the conclusion of treatment, answer NO. If the case file does not include documentation addressing the individual's employment status at the completion of services at the substance abuse treatment program, answer "UNABLE TO DETERMINE."