Case File Review Findings Fiscal Year 2022

Substance Abuse Prevention and Treatment

Arizona Health Care Cost Containment System
Division of Grants Administration

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Section 1

Executive Summary

The State of Arizona (Arizona or State), Arizona Health Care Cost Containment System (AHCCCS) engaged Mercer Government Human Services Consulting (Mercer) to develop and implement an independent peer review for persons who received substance abuse treatment services through federal Substance Abuse Block Grant (SABG) funds between July 1, 2021 and June 30, 2022. To ensure compliance with 45 CFR § 96.136, Mercer used an independent case review (ICR) process. Mercer completed ICRs for the State in state fiscal year (SFY) 2019 and SFY 2020 for AHCCCS, with this report representing the third year, allowing identification of year-over-year trends in continuous improvement of services.

For this current independent peer review process, a qualitative data collection component was added through the use of focus groups. Focus groups were conducted with AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHAs) and providers. Focus groups for members were planned, but results were not included in this report due to limited participation. Findings from the ICRs helped to frame a guided interview format to use with focus group participants to create a learning collaborative environment to help enhance program application and practice.

The purpose of the annual review is to review the compliance of participating Medicaid-enrolled agencies serving persons who received substance abuse services against treatment standards, including quality, appropriateness, and efficacy of treatment services as documented in the client records. The ICR also provides a process to continuously improve the treatment services provided to individuals diagnosed with substance use disorder within the State (see 45 CFR § 96.136 for ICR requirements) to improve client outcomes and recovery.

Consistent with the statute, Mercer licensed clinicians, experienced with alcohol and drug abuse treatment (i.e., licensed clinical social worker, two registered nurses, licensed clinical mental health counselor, licensed clinical addictions specialist, certified alcohol and drug counselor), examined the following aspects of the treatment records as part of the case file review process:

- Admission criteria/intake process
- Assessments and ongoing criteria
- Treatment planning, including appropriate referral, (e.g., prenatal care, tuberculosis [TB], and human immunodeficiency virus [HIV] services)
- Documentation of implementation of treatment services
- Engagement and reengagement
- Discharge and continuing care planning
- Indications of treatment and national outcomes (e.g., employment, education, law enforcement involvement)

In addition to the statutorily required treatment, Mercer also examined aspects of the treatment records related to assessment and addressing social determinants of health (SDoH), evidence-based treatment practices, peer support services, women's services, and opioid-specific services.

Mercer reviewed a total of 220 treatment records, provided by AHCCCS, from across the state. Twenty of the charts were unusable for reasons such as the chart not being complete or the member not receiving services after the initial assessment, and these had to be replaced. The files included in this review sample represented 11% of the providers in Arizona who receive SABG funds, which exceeds the minimum statutory requirement of 5% for this review.

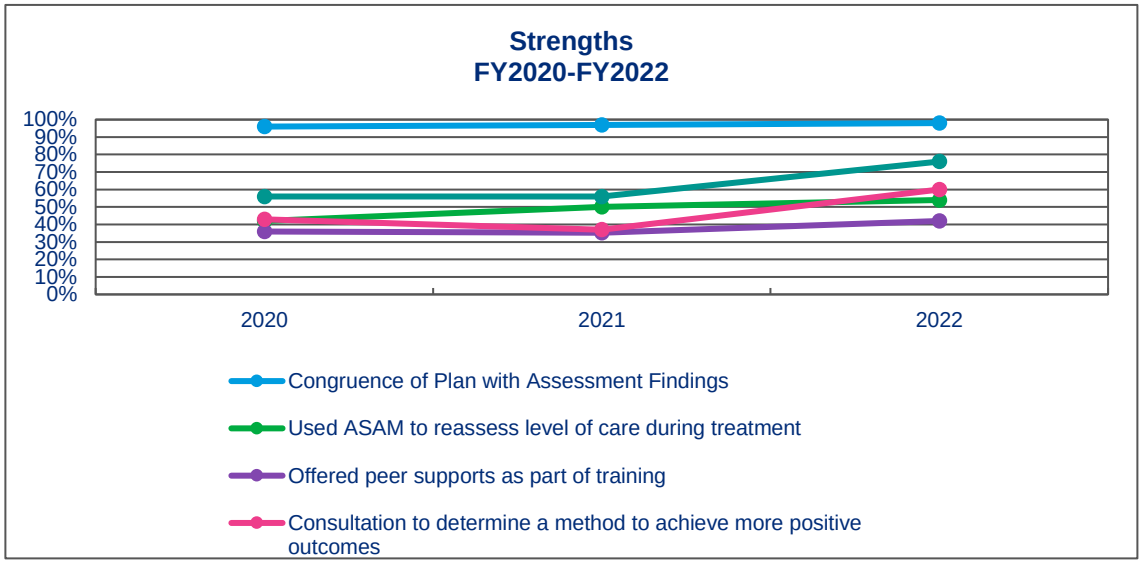
Overview of Key Findings

Specific findings from the ICR are presented in the body of the report in aggregate and broken down by ACC-RBHA:

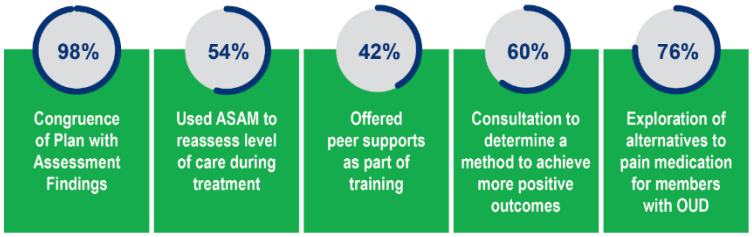
- Arizona Complete Health (AzCH) (Southern Arizona)
- Health Choice Arizona (HC) (Northern Arizona)
- Mercy Care (MC) (Central Arizona)

Key findings identify how the documentation demonstrates the overall effectiveness and quality of the SABG service delivery system in Arizona. This includes how providers perform in the identification, engagement, and response to client needs through the provision of substance use disorder (SUD) treatment services. Mercer also aggregated and analyzed the data by rendering providers and will make this information available separately to AHCCCS for program oversight and improvement. The following section on strengths and weaknesses represents a summary of the major themes found across the system.

Strengths



1. One area of strength for the ICR review has been the completion of the Individualized Service Plan (ISP) and the congruence of the plan with the presenting concerns and completion in conjunction with the member. Ninety-eight percent of ISPs completed demonstrated this congruence, a 1% improvement from the previous year, and 96% were found to have measurable objectives and timeframes to address the presenting concerns identified. The 2020 finding was 96%. A strong ISP is a cornerstone of a thoughtful course of treatment, assisting both the provider and the member with a course of action and an ability to determine progress or lack of progress and course corrections to the treatment process as needed.



2. Review of the use of the American Society of Addiction Medicines (ASAM) criteria to reassess the proper level of care (LOC) during treatment found that reassessment occurred in 54% of cases, which was a 4% improvement from the previous review. ASAM reassessment has been steadily increasing for the past three years (42%, 50%, and 54%, respectively). This represents a strength in the system, as in addition to strong ISPs, the reassessment of ASAM levels allows providers to measure member progress throughout the treatment process in a standardized, evidence-based way to determine whether additional goals are needed or if the treatment process requires any modifications to meet the member's needs.

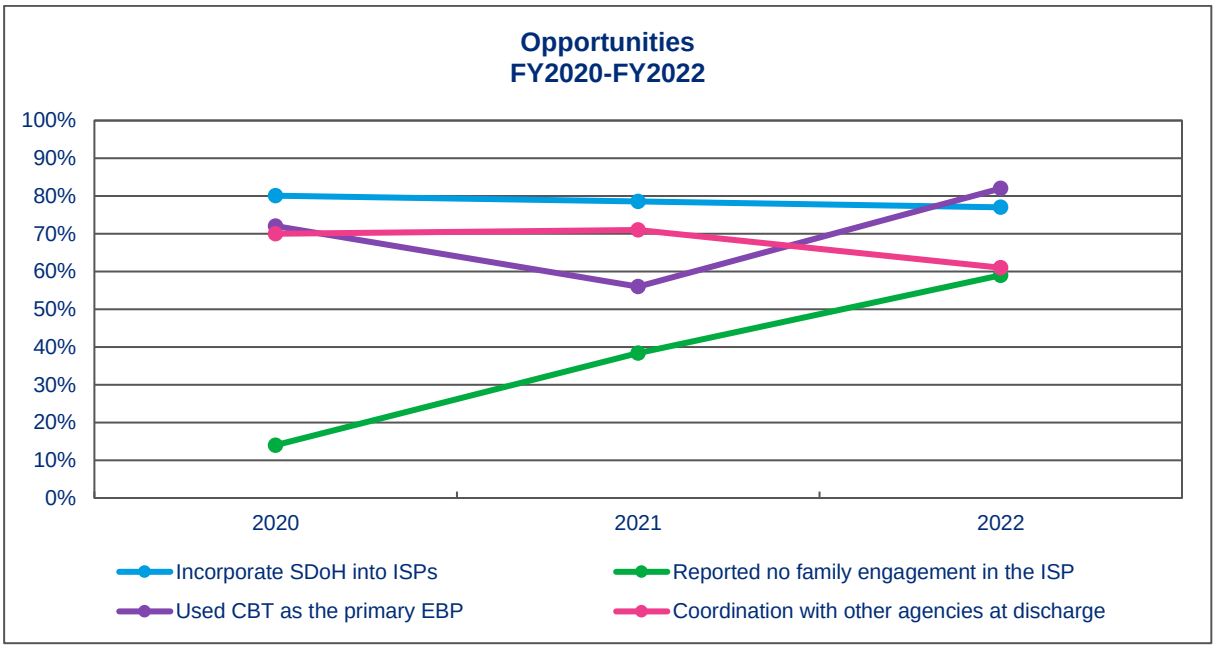
3. Another strength noted in this year's ICR was the finding of 42% of cases (16% increase) in which the provider offered peer support services as part of treatment. This was also an increase from the 2020 findings of 36%. Of these cases, reviewers found that 66% agreed to and received peer support services as part of treatment. This was a recommendation in last year's ICR report that has moved from being an opportunity to a strength. Utilization of offered peer support was also 66% in 2020, but the number of members that were offered the service was smaller, as noted above. The increase in the utilization of peer support services incorporates a source of support for members undergoing treatment, especially if there are no family members or natural support involved. Peers can offer support, encouragement, and motivation to individuals struggling with SUD and can assist with non-clinical needs, as well, such as assisting with housing or employment resources.

4. The strength of the ISP process and the reassessment of the ASAM LOC can also be seen in the improvement of the provider revising the treatment approach and/or seeking consultation when there was evidence of a lack of progress toward goals, which was 60% this year, a significant increase from 37% in last year's ICR, and from the 2020 finding of 43%. The ability to make treatment revisions and seek consultation allows for better overall outcomes when the provider can pivot and ensure the member is receiving what they need to make progress.

5. Exploring alternatives to pain medication for individuals with opioid use disorder (OUD) was another area of significant improvement in the current ICR from the previous year. The results increased from 56% in 2020 and 56% last year to 76% this year. As the

opioid crisis continues to be an area of national concern, the use of pain medication by those who have OUD can be a source of concern. The increased focus on alternatives to pain medication this year demonstrates, again, the whole-person focus of providers and exploring all aspects of need in developing individualized treatment plans and delivering treatment to achieve the best possible outcomes for the member.

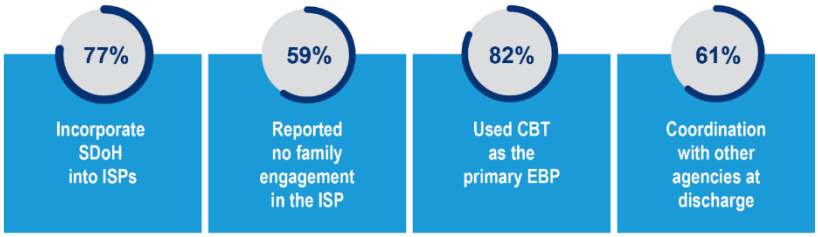
Opportunities



1. An item on SDoH was added in the previous year, and expanded upon during the current ICR review, to determine specific SDoH issues found in the assessment process and addressed in the treatment plan. Addressing SDoH issues is an important part of successful treatment outcomes, as members cannot fully engage in the treatment process if basic needs, such as housing and food, are not being met. Seventy-seven percent of records incorporated SDoH into ISPs this reporting period, a reduction of 2% from last year and 4% from 2020. Specific SDoH concerns were stratified by access to medical care (23%), housing (39%), food insecurity (4%), domestic violence (5%), and unemployment (41%). Noting these specific areas of need will allow AHCCCS and the ACC-RBHAs to identify specific areas to focus on to develop resources and partnerships to meet member needs in a more integrated way.

2. Family engagement remains an area of opportunity found during the ICR process. No individuals received family counseling in the previous reporting period, and one individual participated in family counseling/therapy during this review period. Five members received family counseling in 2020. Fifty-nine percent of members either reported having no family support/network or declined inclusion of others in the service planning process, which is a 35% increase from the previous reporting period. The 2020 finding was 14% of members had family support in the ICR process. Assertive family engagement may be an area of opportunity for providers to consider. Many individuals engaged in SUD treatment

may not want to have family members engaged due to stigma or have lost connections with their support network due to negative behaviors during their addiction. It is difficult to determine the cause of low family engagement, as the documentation did not provide evidence that providers were working to address building rapport with family and natural supports, either reflecting a lack of documentation or a lack of working on family engagement as a long-term treatment goal.



3. Another area of opportunity noted was the potential to introduce more evidence-based practices (EBPs) to increase the potential outcomes for members who may not respond as well to the main practices that are being used. The top three most widely used EBPs found were cognitive behavioral therapy (82%, up from 56% in 2021), relapse prevention therapy (54% in 2021), and motivational enhancement/interviewing therapy (44% in 2021). In 2020, these three EPBs were used 72%, 6%, and 38% respectively. Finding effective methods of staff retention, such as flexible work schedules or other incentives, may be necessary to counteract this if there is no ability to offer increased salaries.

4. There was a decline in staff coordinating care such as referrals to lower levels of care or other services with other agencies at the time of discharge by 10%, from 71% to 61%, and from 70% in 2020. Effective discharge planning leads to better long-term outcomes, including ensuring, wherever possible, warm hand-offs at discharge to lower levels of care and other necessary resources for members to remain supported and stable in the community. The reason for this decline is not clear and could range from a lack of documentation to staffing shortages as a barrier. Determining the reasons for the decline in coordination with other agencies and assisting in improving this outcome could be an area of opportunity for AHCCCS over the next year.

Recommendations

The following recommendations are presented as areas of improvement for consideration based on the evaluation of SABG services and associated analysis of findings. A more detailed outline of recommendations can be found in Section 6 of this report.

Substratification of Populations

Substratification of populations would be a valuable enhancement through stratified sampling that could address disparities among populations of focus such as women, the criminal justice population, Native Americans, and the elderly. Stratified sampling would provide a more meaningful sample size to understand the treatment arc and disparities in treatment for these populations.

Development of a Training Toolkit Based on Review Findings to Assist with Implementation of Training and Development Program for Providers

Several suggestions for improving quality can also be found in Section 6. They include opportunities for encouraging the use of self-help groups, assessment and addressing SDoH, training on EBPs, and training on peer support services as well as individualized treatment plans. Other suggestions include training on the importance of solid relapse prevention plan development with the individuals in treatment and follow-up best practices, including care coordination and warm hand-offs to lower levels of care.

Section 2

Background and Introduction

AHCCCS serves as the single state authority to provide coordination, planning, administration, regulation, and monitoring of all facets of the State public behavioral health (BH) system. AHCCCS contracts with managed care organizations, known as ACC-RBHAs, to administer integrated physical health (to select populations) and BH services, including SUD treatment, throughout the state. The ACC-RBHAs for the review period were Arizona Complete Health (Southern Arizona), HC Arizona (Northern Arizona), and MC (Central Arizona). Effective July 1, 2016, AHCCCS began to administer and oversee the full spectrum of services to support integration efforts at the health plan, provider, and client levels.

Consistent with the requirements of 45 CFR § 96.136, AHCCCS contracted with Mercer as the independent peer review contractor to perform the annual SABG ICR for SFY 2022. Mercer also completed the independent review of the two previous years (SFY 2020 and SFY 2021). Mercer does not have any reviewers who are employed as treatment providers or who have administrative oversight for any programs under review. Further, Mercer's peer review personnel performed this review independently (i.e., separately) from SABG funding decision-makers. The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a SABG to AHCCCS each year since the current program was established in 1993; the block grant requires AHCCCS to produce an independent peer review of the treatment services provided with SABG funds on an annual basis.

Goals of the Independent Case Review

The primary objective of this review is to determine that the level of quality and appropriateness of care being provided through the use of SABG funds is in accordance with federal SABG requirements noted in 45 CFR § 96.136 and to determine whether the provision of SUD services aligns with the program goals for the Arizona SABG. According to State guidance, *quality* is the provision of treatment services, which, within the constraints of technology, resources, and patient/client circumstances, will meet accepted standards and practices to improve patient/client health and safety status in the context of recovery. *Appropriateness* means the provision of treatment services consistent with the individual's identified clinical needs and level of functioning.

For the current year, SFY 2022, AHCCCS program goals for the SABG include:

- Identify and address health disparities
- Improve direct service provisions
- Improve access to treatment services
- Improve women-specific services

- Increase the capacity of the service delivery system
- Expand and enhance recovery support services

AHCCCS decided to assess the level of quality and appropriateness of SUD treatment in the state through an examination of clinical records maintained by programs receiving SABG funds. A team of Mercer licensed and certified clinicians, who have expertise in managed care, block grants, SUD treatment, ASAM, and clinical best practices, systematically reviewed each of the files selected as part of the review sample. These independent clinicians examined SUD treatment records for the presence (or absence) of previously selected, evidence-based factors that would be expected to be present in high-quality, appropriate treatment (which includes engagement, planning, and discharge).

The following domains were examined to determine the level of treatment quality and appropriateness (see Appendix A for specific review items in each domain):

- Intake and Treatment Planning, to include identification of SDoH needs
- Placement Criteria and Assessment
- Best Practices
- Treatment, Support Services, and Rehabilitation Services
- Gender Specific (Female Only)
- Opioid Specific
- Discharge and Continuing Care Planning (only for successful treatment completions or decline of further services)
- Reengagement (only for decline of further services or chose not to appear for services)
- National Outcome Measures (NOM)

Content of Records Reviewed

Based upon the requirements of the annual ICR report to SAMHSA, a sample of treatment records was requested and provided by the ACC-RBHAs. Clinical records vary from provider to provider but typically include the following key documents and captured data elements, which were evaluated:

- Demographic information
- Initial assessment
- Risk assessment and safety plan
- Crisis plan
- ISP
- ASAM patient placement criteria (initial and ongoing)

- Medication record
- Medical screenings
- Results of diagnostic testing, including illicit substance use testing
- Progress notes (e.g., therapy [individual and group], case management, etc.)
- Medication-assisted treatment (MAT) documentation
- Evidence of outreach and engagement efforts
- Discharge or termination of treatment summary

Mercer used these documents, and any others contained in the individual records, to assess the level to which providers that receive SABG funds in Arizona are providing quality assessment, planning, engagement, treatment, and discharge services to SUD clients.

Section 3

Methodology

AHCCCS provided the files for the ICR through the State's Secure File Transfer Protocol, Kiteworks. No files were downloaded or saved to Mercer staff computers or hard drives. All Mercer staff that had access to AHCCCS files complete Protected Health Information and Health Insurance Portability & Accountability Act training annually and were also debriefed on AHCCCS privacy practice expectations. All client record files were stored and accessed on the State Medicaid Agency's Secure File Transfer Protocol site. Each Mercer reviewer received a secured sign-in to the Agency's site to ensure all file health information remained protected. Each case was assigned a sample ID for data entry of the results of the case review. Mercer completed all ICR activities virtually, with no on-site reviews or in-person team meetings, during the ICR part of the independent peer review.

Data entry of findings from each case review was entered by Mercer clinicians into a customized, password-protected Microsoft Access review tool.

Sampling

AHCCCS, with assistance from Mercer, developed and implemented the sampling methodology for this review and used the following inclusion criteria:

- Substance abuse clients with a substance abuse treatment service and an episode of care (EOC) during SFY 2022: July 1, 2021 through June 30, 2022
- Disenrolled/EOC end date before or on June 30, 2021
- At least 18 years of age during the treatment episode
- Not diagnosed with a serious mental illness
- Disenrolled due to completing treatment, declining further service, or lack of contact
- Must have received substance abuse treatment during the treatment period (treatment was defined by identifying individuals that had at least one paid claim for a substance use service during SFY 2022 for any ASAM LOC)
- Must have been enrolled in a treatment center for at least 30 days
- Must not be enrolled in a Tribal Behavioral Health Authority

The sampling methodology used by AHCCCS excluded individuals who:

- Did not have any treatment service encounters during the EOC
- Only had assessment services and no treatment services during the EOC
- Only had a withdrawal management hospitalization encounter during the treatment episode (ASAM. Level 4/4 WM)

- Only had services provided by an individual private provider

Based on these inclusion and exclusion criteria, AHCCCS supplied 264 treatment records for the ICR. Mercer randomly selected 200 files to be used in the initial review, with the remainder being held as an oversample. Twenty files were determined to be unusable for review purposes (e.g., an exclusion criterion was found in the file or the treatment dates were out of range) and were replaced from the oversample.

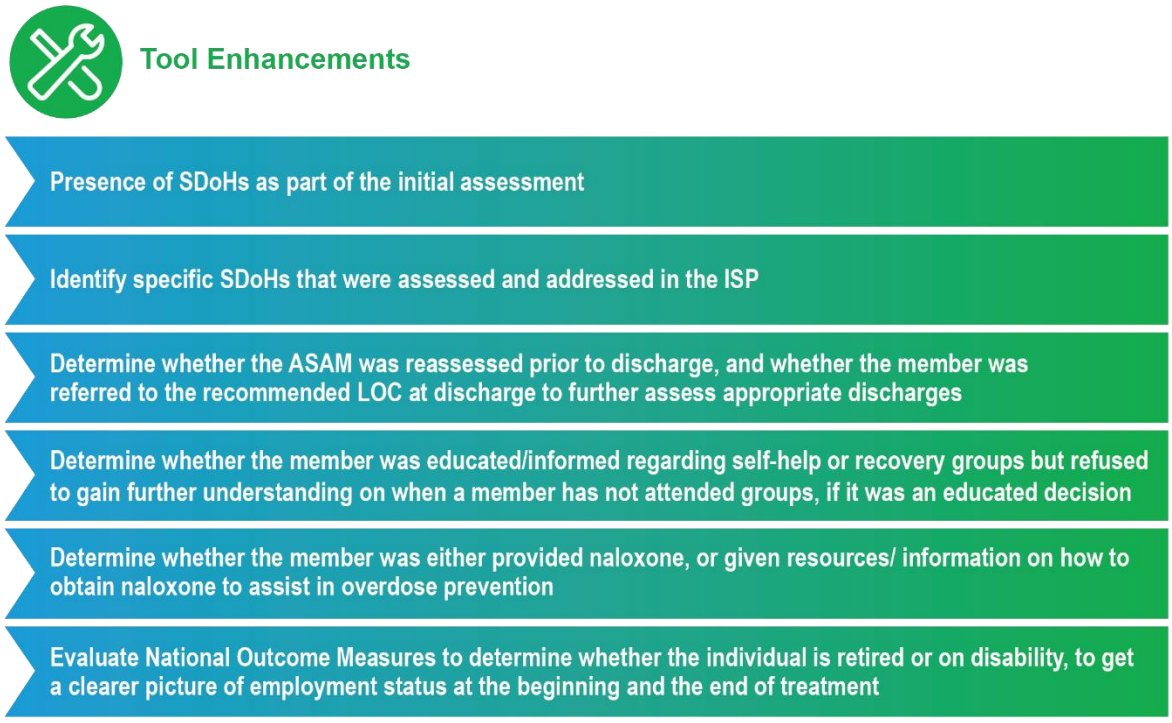
File Tool Review

As with the prior SABG review, the Mercer team used the previously updated SFY 2021 ICR tool as the source for development of the SFY 2022 ICR tool. The e-version of the tool, which was developed in Microsoft Access, allowed the review team to record review results in a format more conducive to analyzing the data and producing useful tables for presentation.

As a high-level tool validation process, AHCCCS collaboratively reviewed the existing ICR tool with Mercer and six new items incorporated into the tool. These items are listed below for reference. No items from the previous tool were deleted, allowing all previously collected elements to be compared across years.

File Review Tool Enhancements

The validation items listed below were additions/enhancements to the SFY 2022 ICR tool:



Inter-Rater Reliability

The review team from Mercer consisted of licensed clinicians and certified counselors (two registered nurses, two master's level BH providers, and one certified alcohol and drug counselor). A sixth member of the team provided data analytic services and ensured consistency in the application of project standards. Three reviewers participated in conducting ICRs in the previous year while two reviewers were new to the process.

To ensure consistency in the use of the file review tool, the Mercer review team participated in an inter-rater reliability (IRR) training session followed by an IRR test prior to the initiation of the review process. The test consisted of a vignette that approximated the information included in a SUD treatment record as well as two live charts. Participants used the ICR tool to score the vignette and live charts, consistent with the review tutorial session provided by the project leader and ICR Tool Instructions (Appendix B).

The Mercer project lead, also in the role of the subject matter expert, facilitated the IRR and recorded the answers from each individual reviewer. Any items that yielded inconsistent results were discussed with each reviewer. As a result of this discussion, the team reached a consensus decision on how items would be scored. The initial review of the vignette and live charts yielded an IRR average score of 92%, while the team reached 100% agreement following discussion and consensus building.

Throughout the evaluation, which occurred during March and April 2023, the project lead maintained frequent contact with individual reviewers, answered questions regarding the application of the ICR Tool Instructions, and ensured the consistent application of the tool scoring methodology. Three experienced ICR reviewers partnered to shadow and answer questions from new ICR reviewers. Additionally, to ensure fidelity to the scoring approach, the team met biweekly during the review process for group debriefs and problem-solving related to the application of the ICR Tool Instructions.

Focus Groups

Mercer also conducted nine focus groups for ACC-RHBAs, providers, and members to gather qualitative information on the strengths and opportunities of the SABG service delivery system. A key questions interview format was used for the focus groups. Each session had a list of questions that provided the opportunity for feedback on the SUD treatment process and addressed questions arising from the ICR findings. Objectives and questions for focus groups were outlined to provide consistency among interviewers for focus groups. Meetings were held during the months of May (six focus groups) and August (three focus groups) of 2023. Detailed findings are captured in Appendix D of this report.

Data Analysis

Mercer clinicians entered findings from each individual case review into a customized, password-protected Microsoft Access review tool. After each reviewer finalized his or her assigned reviews, the data was exported and aggregated into a final blinded dataset for analysis purposes in Microsoft Excel. Data checks were performed to ensure consistent and complete data was received. Descriptive statistics were calculated to summarize the characteristics of the findings from the case reviews. The analysis focused on measures of variability, with tables and graphs reflecting the dispersion of data for key case review goals.

Output tables were programmed with formulas reflecting the instructions for data entry (Appendix B). Results were technically peer reviewed for accuracy and reasonableness.

Limitations

Although IRR methodology and tool training and reviewer coaching facilitates accurate review findings for the ICR results, individual experience, as well as discipline-specific education in substance abuse treatment, may still result in some irregularities in interpretation of case review contents. Mercer did not design the original ICR tool used in the file review process nor did Mercer complete a separate and independent validation of the tool. Therefore, Mercer cannot attest to the reliability and validity of the tool.

The data collection period of review for this project (July 1, 2021–June 30, 2022) includes the continuing impact of the COVID-19 pandemic, which introduced multiple complicating factors into the SUD treatment landscape (e.g., loss of in-person treatment, implementation of telehealth practices, etc.). There is no reliable way to account fully for COVID-19's multiple impacts on individual client choices (e.g., reactions to the shift to telehealth interventions, treatment efficacy of virtual SUD treatment, and the resultant treatment outcomes). As described in more detail in the sections below, there is evidence that programming is returning to pre-COVID levels. This includes more in-person assessments, treatment planning, and treatment sessions. Many providers have maintained a hybrid model that allows members to receive services both in-person and virtually, which has been of benefit for SDoH concerns such as transportation and lack of childcare, which may have prevented access to services in the past.

The trajectory of the COVID-19 pandemic from SFY 2020 through SFY 2022 may impact year-to-year results. An additional limitation may be the variability due to updates in the tool, which may have impacted validity or reliability. Further variables, such as the pandemic-driven shift from in-person treatment to telehealth, introduced unknown impacts on treatment outcomes that would not have been seen in any prior year ICRs. Therefore, Mercer advises caution against the comparison of ICR findings across time periods before and during the COVID-19 pandemic without further validation and evaluation of the results.

Section 4

Aggregate Case File Review Findings

The SABG independent chart review findings are organized throughout this section in aggregate by both ACC-RBHA and individual evaluation measures. This also includes sample demographics, records reviewed (broken down by ACC-RBHA), as well as gender and age of the population sampled. Additionally, statistics on the reasons for case closure, referral to the program, and SABG-funded providers sampled are included for comparison purposes as in past years' reports.

Sample Demographics

The State provided a universe of 264 charts for the ICR review. Out of 264 charts, a total of 220 sample charts were reviewed for the ICR. Twenty charts were deemed not usable due to reasons such as the chart not being complete or the member not returning after their initial assessment, leading Mercer to analyze the data from a total of 200 charts. The remaining 44 charts were determined to be an oversample. Mercer's record review represented 21% of the AzCH charts, 11% of the HC Arizona charts, and 69% of the MC charts, of the respective charts provided (see Table 1-1 below).

The sample of charts reviewed closely mirrors the percentages of members enrolled in each ACC-RBHA. This reflects a comparably sufficient sample for each of the ACC-RBHAs based upon the records that were made available at the time of the review.

Table 1-1 — Distribution of Case File Review Sample by ACC-RBHA

ACC-RBHA	Universe of Charts Received for ICR Review	Number of ICR Charts Reviewed	Number of ICR Charts Reviewed but Not Useable	Not Useable ICR Charts Reviewed as a Percent of Universe	ICR Sample Charts Reviewed as a Percent of Universe	Percent of ICR Charts Reviewed
AzCH	64	41	9	14%	64%	21%
HC Arizona	42	22	4	10%	52%	11%
MC	158	137	7	4%	87%	69%
Total	**264**	**200**	**20**	**8%**	**76%**	**100%**

The Code of Federal Regulations in 45 CFR 96 Subpart L[1] requires, at minimum, that 5% of the providers delivering SABG services are reviewed for quality and appropriateness of treatment services. This review ensured that over 5% of SABG providers from each ACC-RBHA were reviewed (distribution included in the table below).

Table 1-2 — Distribution of Case File Review Sample by Gender and Age

ACC-RBHA	Sample Cases	Percent of Sample	Gender						Age (Years)	
			Female		Male		Other			
			N	%	N	%	N	%	Mean	Median
AzCH	41	21%	17	41%	24	59%	0	0%	41.3	40.0
HC Arizona	22	11%	8	36%	14	64%	0	0%	40.5	41.0
MC	137	69%	46	34%	91	66%	0	0%	37.4	35.0
Total	**200**	**100%**	**71**	**37%**	**129**	**63%**	**0**	**0%**	**38.5**	**35.5**

Table 1-2 shows the gender and age distribution by ACC-RBHA. Overall, the mean age served in the sample was 38.5 years, with a median of 35.5 years. Almost 37% percent of the sample identified as female, 63% male, and no members identified as “Other”.

Sample Characteristics

Clients chosen for the sample must have been disenrolled or have had an EOC with a closure date within FY 2022 (July 1, 2021 to June 30, 2022), with a final case closure date no later than June 30, 2022. Any documentation included in charts that was outside of this date range was not considered for this review. Closure reasons include *Client Declined Further Service*, *Lack of Contact*, *Treatment Completion*, and *Transfer* (individual was incarcerated, moved, or no longer on Medicaid). The most frequent reason for case closure during this period was *Treatment Completion* (40%), followed by *Lack of Contact* (30%). This is an improvement over last year’s finding that *Lack of Contact* was the most common reason for case closure.

Table 1-3 — Distribution Based on Case Closure Reason

ACC-RBHA		Client Declined Further Treatment		Lack of Contact		Treatment Completion		Transfer	
	SampleCases	N	%	N	%	N	%	N	%
AzCH	41	4	10%	3	7%	26	63%	1	2%
HC Arizona	22	9	41%	6	27%	5	23%	0	0%
MC	137	18	13%	20	15%	53	39%	1	1%

[1] 45 CFR Part 96 Subpart L -- Substance Abuse Prevention and Treatment Block Grantfile://mercer.com/US_DATA/SHARED/PHX/DATA1/WORK/AZOPHX/Project/Substance Abuse Block Grant (SABG)/2023 SABG review/Report/45 CFR 96.3

ACC-RBHA		Client Declined Further Treatment		Lack of Contact		Treatment Completion		Transfer	
	SampleCases	N	%	N	%	N	%	N	%
Total	200	41	21%	59	30%	80	40%	11	6%

The rates for the most frequent source of referral to SUD treatment are shown in Table 1-4 below. “Criminal Justice/Correctional” includes the Administrative Office of the Courts, Arizona Department of Corrections, Arizona Department of Juvenile Corrections, jail/prison, and probation. “Other” includes physical health providers, State agencies, crisis, and unknown sources. Overwhelmingly, self-referral or referral by family or friends was the most frequent referral source (54%, 4% lower than the previous period of 58%).

Table 1-4 — Source for Referral

ACC-RBHA		Criminal Justice/ Correctional		Other BH Provider		Self/Family/ Friend		Other		Total
	Sample Cases	N	%	N	%	N	%	N	%	N
AzCH	41	1	2%	5	12%	16	39%	10	24%	32*
HC Arizona	22	14	64%	0	0%	8	36%	0	0%	22
MC	137	7	5%	14	10%	88	64%	16	12%	125*
Total	200	22	11%	19	10%	108	54%	65	33%	179

** Nine AzCH charts and 12 MC charts were missing referral source.*

Aggregate Review Findings

The tables (2-1 through 2-11) below contain the aggregate chart review findings. As noted in the Methodology section, a majority of the measures remain the same as those used in the previous year. Tables reflecting new measures do not have a comparison to last year’s findings, and the new measure is flagged in the 2021 finding column. The denominators primarily consisted of the sum of “Yes” and “No” responses and, as such, differ across the measures. The denominators of certain indicators were based on the number of “Yes” responses from a prior question when applicable. For example, the denominators for I.A.1 through 9 equate to the numerator for *I.A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?* Certain measures allowed for a response of “Not Applicable” (N/A); N/As are not included in any denominator, consistent with prior years’ analyses. Measures marked with an asterisk in the “N/A” column indicate that “N/A” was not a valid response option for that measure. Additionally, certain measures included an option for missing documentation. Narrative information was also collected on the following measures (see full set and description of measures in Appendix A) and incorporated into the Findings section prior to the respective table. Throughout each table, improvements (green) and declines (pink) have been color coded to reflect the comparison of findings from the previous year’s review period.

- I.C. Other SDoH included in the ISP not reflected in the choices of Access to Medical Care, Housing, Food Insecurity, and Domestic Violence.
- II.D. Were additional assessment tools (in addition to ASAM or in lieu of) utilized during treatment?
- III.A.1. The following evidence-based practices were used in treatment.
- VIII.C. Were other attempts made to reengage the individual?

Finally, a Comments Tab allowed reviewers to enter narrative detail regarding the reviewed chart to complete the clinical picture as needed.

Although these findings represent an aggregation of data from record reviews and an underlying root cause analysis for trends has not been conducted, additional qualitative information on the potential reasons for the findings in different areas can be found in Appendix D under focus group summary discussions. These discussions point to some areas of opportunities and concerns, as noted by providers and ACC-RBHAs, that could have an impact on results from chart reviews.

Measure I — Intake/Treatment Planning Key Findings

Initial Behavioral Health Assessment

Mercer reviewed 200 total records for the State and found 97% of the charts contained evidence that an initial BH assessment was completed within 45 days of the initial appointment. As part of the initial assessment, providers successfully documented compliance with the required components of the assessment (Items A1–9) with a range of 22% to 100%. The highest scoring areas include completion of risk assessments (100%) and the BH assessment addressed substance-related disorders (99%).

The areas of lowest performance were hepatitis C, HIV, and other infectious disease screening (53%, up from 26% in FY 2021), documentation of review of the Prescription Drug Monitoring Program (PDMP) (22%, down from 29% in FY 2021), and TB screening (46%, up from 42% in FY 2021). The low performance area metrics were the same as the previous period; however, hepatitis C, HIV, and other infectious disease screening, as well as TB screening, improved. As mentioned in the previous report, movement to virtual services may have influenced the completion of screenings for TB, hepatitis C, HIV, and other infectious diseases; however, the consistent decline in reviewing patient-driven payment model (PDPM) is important to note as 54% of members were diagnosed with an OUD.

Individual Service Plan

Chart reviews found an ISP was completed for the client's treatment within 90 days of the initial appointment in 99% of the reviewed cases. Ninety-eight percent of these cases demonstrated congruence between the ISP and presenting concerns. This represents 1% improvement for ISP completions and no change from the last review for ISP congruence and presenting problems. Another strength to note is 96% of the ISPs documented measurable objectives and timeframes to address the identified needs.

Thirteen percent of ISPs were developed with participation of the member's family support/network (up from 8% previously). Sixty percent of members either reported having no family support/network or declined inclusion of others in the service planning process, which is a 36% increase from the previous reporting period. Support is a critical component of recovery and treatment. Focus groups with providers targeted questions related to family engagement, which noted several reasons for limited family participation, including stigma and lack of understanding of recovery by family members, lack of transportation, insufficient funding for a family peer support specialist, and family members struggling with their SUDs and being unable to offer support.

A question related to SDoH being considered and incorporated as part of the ISP was introduced in the previous review. Seventy-seven percent of records incorporated SDoH into ISPs this reporting period (down 2% from last year). Additionally, as previously mentioned above in the File Tool Review section of the report, an item to identify specific SDoHs that were assessed and addressed in the ISP was added to the tool. SDoH concerns were stratified by access to medical care (23%), housing (39%), food insecurity (4%), domestic violence (5%), and unemployment (41%).

Table 2-1 — Assessment and Individual Service Plan

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
Intake/Treatment Planning					
A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	200	194	97%	0	95%
Did the behavioral health assessment:					
1. Address substance-related disorder(s)?	194	193	99%	6	100%
2. Describe the intensity/frequency of substance use?	194	181	93%	6	96%
3. Include the effect of substance use on daily functioning?	194	181	93%	6	96%
4. Include the effect of substance use on interpersonal relationships?	194	184	95%	6	90%
5. Was a risk assessment completed?	194	194	100%	6	99%
6. Document screening for tuberculosis (TB)?	194	90	46%	5	42%
7. Document screening for hepatitis C, HIV, and other infectious diseases?	194	103	53%	6	26%
8. Document screening for emotional and/or physical abuse/trauma issues?	194	185	95%	6	97%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
9. Document that review of the Prescription Drug Monitoring Program (PDMP) was completed?	181	39	22%	19	29%
B. Was there documentation that charitable choice requirements were followed, if applicable?	13	9	69%	187	75%
C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	194	192	99%	2	98%
Was the ISP:					
1. Developed with participation of the family/support network?	192	24	13%	116	8%
2. Congruent with the diagnosis(es) and presenting concern(s)?	192	188	98%	4	98%
3. Measurable objectives and timeframes to address the identified needs?	192	185	96%	4	96%
4. Addressing the unique cultural preferences of the individual?	192	178	93%	5	84%
5. Were social determinants of health issues considered as part of, and incorporated into, the ISP?	192	148	77%	4	79%

Measure II — Placement Criteria/Assessment Key Findings

Reviewers found that 83% of charts reviewed used ASAM Patient Placement Criteria to determine the appropriate level of service. This is a 9% decrease from SFY 2021. In charts in which The ASAM Placement Criteria was used, documentation showed that 96% (3% increase) received the LOC identified by the ASAM criteria. Documentation demonstrated the use of the ASAM criteria to reassess the proper LOC during treatment in 54% of cases, which was a 4% improvement from the previous review. It is also worth noting ASAM reassessment showed steady improvement across the three-year review period (42%, 50%, and 54%, respectively). In FY 2022, providers documented performance to 50% on the use of other (or additional) assessment tools during the course of treatment, a steady improvement across the three-year review period. Additional assessment tools utilized are as follows:

- Comparative Pain Scale
- Substance Abuse Subtle Screening Inventory
- DSM 5
- Screening Instrument for Substance Abuse (UNCOPE)

- Clinical Opioid Withdrawal Scale
- Protocol for Responding to and Assessing Patient Asset, Risk, and Experience
- Drug Abuse Screening Test (DAST)
- Cut, Annoyed, Guilty, and Eye-Opener (CAGE)
- Addiction Severity Index
- Michigan Screening Alcohol Test

Table 2-2 — Placement Criteria/Assessment

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
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	166	83%	0	92%
1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
Level 0.5: Early Intervention	166	2	1%	0	1%
OMT: Opioid Maintenance Therapy	166	26	16%	0	19%
Level I: Outpatient Treatment	166	74	45%	0	63%
Level II: Intensive Outpatient Treatment/ Partial Hospitalization	166	20	12%	0	10%
Level III: Residential/ Inpatient Treatment	166	69	42%	0	24%
Level IV: Medically Managed Intensive Inpatient Treatment	166	1	1%	0	1%
B. Did the member receive the level of services identified by the placement criteria/assessment?	166	159	96%	1	93%
C. Were the ASAM dimensions reassessed (with documentation) during the course of treatment?	166	90	54%	0	50%
D. Were additional assessment tools (in addition to ASAM or in lieu of) utilized during the course of treatment?	200	100	50%	0	41%

Measure III — Best Practices Key Findings

Using EBPs when providing services can support recovery from substance use disorders, prevent relapse, and improve other outcomes. The utilization of EBPs can also ensure consistency across facilitators and programs. Reviewers found that 77% of sampled cases contained documentation that EBPs were used in treatment, this is an 11% decrease from

the last reporting period. The top three most widely used EBPs found were Cognitive Behavioral Therapy (82%, up from 56% previously), Relapse Prevention Therapy (54%), and Motivational Enhancement/Interviewing Therapy (44%). MAT was documented in 41% (up from 31%) of the case files, which is a 10% increase. Sixty-nine percent of individuals were prescribed methadone, the most frequently used medication (4% decrease from previous reporting period). Eighteen members (22%) were prescribed Suboxone, the second most frequently used medication.

Reviewers did not find evidence of Adolescent Community Reinforcement Approach (ACRA), Beyond trauma: A Healing Journey for Women, Contingency Management, and Wellness Recovery Action Plan (WRAP) being utilized by SUD programs during this review period. ACRA, Beyond trauma: A Healing Journey for Women, and Contingency Management were not documented in this review period nor the previous review period.

The EBPs listed in the master tool were compiled based on the most commonly utilized practices in the field but were not meant to be all-inclusive. A review of the EBPs chosen next year should be done to ensure they continue to be appropriate and capture the most commonly used methodologies. Providers are most likely to have only used one of the curricula, such as the Matrix Model, in their training program, which may cause other options to be lower due to a preference of providers for a certain model. An additional variable that can impact the use of specific EBPs is the cost of and access to training and technical assistance on a specific practice. If it is difficult to find training or the training is costly, providers might select an EBP in which training is more accessible and less expensive. In addition, during the provider focus group interviews, it was noted that when the providers train clinicians in new evidence-based models, they often lose their investment in the staff and the model as the clinicians leave the agency for higher-paying jobs in the private sector.

Reviewers were able to note other EBPs used under an option marked “Other”, with a free text box to denote the EBP delivered. Thus, the findings are complete for the universe of charts reviewed, as all EPBs were able to be captured. Additional interventions (23%) used by providers included:

- Matrix Model
- SMART Recovery
- Trauma-Informed Care
- Acceptance and Commitment Therapy
- Living in Balance
- 12-Step Program

As part of the EBP data collection, reviewers identified 42% (16% increase) of cases in which the provider offered peer support services as part of treatment. Of these cases, reviewers found that 66% agreed to and received peer support services as part of treatment. Reviewers also tracked the number of cases that had evidence of screening for ongoing substance use during treatments and found this happened in 66% (11% increase) of cases. This is another area potentially impacted by COVID-19 and the delivery of outpatient

services via telehealth modalities. Representation of screenings was more consistent in the inpatient and residential LOCs.

Table 2-3 — Best Practices

	% of Yes FY 2022	% of Yes FY 2021
A. Were evidence-based practices used in treatment?	77%	88%
1. The following evidence-based practices were used in treatment:		
Cognitive Behavioral Therapy (CBT)	82%	56%
Dialectal Behavioral Therapy (DBT)	12%	11%
Helping Women Recover	0%	2%
Matrix	10%	16%
Moral Re-conation Therapy (MRT)	1%	3%
Motivational Enhancement/Interviewing Therapy	44%	27%
Relapse Prevention Therapy (RPT)	54%	15%
Seeking Safety	11%	5%
SMART Recovery	18%	10%
Thinking for a Change	1%	1%
Trauma Recovery and Empowerment Model (TREM)	1%	0%
Trauma-Informed Care (TIC)	11%	2%
Wellness Recovery Action Plan (WRAP)	0%	1%
Other Practices or Program	24%	27%

Table 2-4 — Best Practices

	Denominator FY 2022	% of Yes FY 2022	Denominator FY 2021	% of Yes FY 2021

A.	Medication Assisted Treatment (MAT)	200	41%	200	31%
	1. The following medication was used in treatment:				
	❖**Alcohol-Related**				
	Acamprosate (Campral)	81	0%	62	0%
	Disulfiram (Antabuse)	81	1%	62	3%
	❖**Opioid-Related**				
	Subutex (buprenorphine)	81	4%	62	3%
	Methadone/Levo-Alpha-Acetylmethadol (LAAM)	81	69%	62	73%
	Narcan (naloxone)	81	0%	62	5%
	Vivitrol (long-acting naltrexone)	81	5%	62	5%
	Suboxone (buprenorphine-naloxone)	81	22%	62	18%
B.	Was screening for substance use/abuse conducted during the course of treatment?	200	66%	200	55%
C.	Was certified peer support offered as part of treatment?	200	42%	200	26%
	If yes to C., were certified peer support services used as a part of treatment?	83	66%	52	52%

Measure IV — Treatment/Support Services/Rehabilitation Services Key Findings

The most frequently used treatments were case management (82%, up 4%), group counseling/therapy (80%, up 5%), and individual counseling/therapy (79%, up 16%). For those individuals who received counseling, 57% attended more than 11 sessions (8% increase), 11% attended six to 10 sessions, and 32% attended zero to five sessions (4% decrease). No individuals received family counseling in the previous reporting period, and one individual participated in family counseling/therapy this review period. As mentioned above in the ISP section of this report, 59% of members either reported having no family support/network or declined inclusion of others in the service planning process, which is a 35% increase from the previous reporting period. Assertive family engagement may be an area of opportunity for providers to consider.

Reviewers also tracked the number of files in which documentation supported attendance in self-help or recovery group sessions. Fifty-seven percent of cases had no documentation of attending self-help or recovery group sessions as compared to 80% in the previous reporting

period. Of those that did document this metric (44%), 4% of individuals have documentation they attended zero times during treatment, 6% attended one to four times, 6% attended five to 12 times, 6% attended 13 to 20 times and 23% of individuals attended 21 or more times during treatment.

Table 2-5 — Treatment/Support Services/Rehabilitation Services

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. The following services were used in treatment:					
• Individual counseling/therapy	200	157	79%	0	63%
• Group counseling/therapy	200	160	80%	0	75%
• Family counseling/therapy	200	1	1%	0	0%
• Case management	200	164	82%	0	78%
B. Was there clear documentation of progress or lack of progress towards the identified ISP goals?	200	178	89%	4	85%
C. The number of completed counseling/therapy sessions during treatment was:					
• 0–5 sessions	197	64	32%	*	36%
• 6–10 sessions	197	21	11%	*	16%
• 11 sessions or more	197	112	57%	*	49%
D. Was the individual given any education on self-help or recovery groups	197	146	74%		NEW MEASURE
E. Documentation showed that the member reported attending self-help or recovery groups the following number of times:					
• No documentation	200	113	57%	*	80%
• 0 times during treatment	200	8	4%	*	5%
• 1–4 times during treatment	200	11	6%	*	6%
• 5–12 times during treatment	200	11	6%	*	3%
• 13–20 times during treatment	200	12	6%	*	2%
• 21 or more times during treatment	200	45	23%	*	5%
F. 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?	112	67	60%	86	37%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
G. If the member was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	116	98	84%	83	75%
H. If the member 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?	101	65	64%	95	38%
I. If the member was not involved with a meaningful community activity (e.g., 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?	129	82	64%	67	41%
J. Does the documentation reflect that substance abuse services were provided?	200	182	91%	0	95%
K. Was member's access to a primary care physician (PCP) or other medical provider explored?	200	158	79%	7	79%

Measure V — Gender-Specific Key Findings

Providers documented 29 women's case files with a history of domestic violence; of those, 45% documented the completion of a safety plan. In SFY 2021, 21 women's case files documented a history of domestic violence, with 52% of these cases having a completed safety plan. Notably, this metric will be an area for follow-up, as the data shows a steady decrease in performance across the three-year review period. The review indicated two individuals were pregnant during the course of treatment. One individual (50%) had documentation supporting that SUD provider staff made efforts to coordinate care with the women's primary care provider and/or obstetrician. There was also evidence of education on the effects of substance use on fetal development for one individual (50%). The second individual did deliver her child and return to the facility, but there was no documentation of care coordination or education on SUD and fetal development. These services may have been provided but not documented.

Table 2-6 — Gender Specific (Female Only)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	29	13	45%	39	52%
B. If the female was pregnant, was there documentation of coordination of care efforts with the PCP and/or obstetrician?	2	1	50%	66	75%
C. If the female was pregnant; did documentation show evidence of education on the effects of substance use on fetal development?	2	1	50%	66	50%
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?	6	4	67%	61	50%
E. If the female had dependent children, was there documentation to show that childcare was addressed?	24	20	83%	43	91%
F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	67	38	57%	0	18%

Measure VI — Opioid-Specific Key Findings

Reviewers observed documentation indicating an OUD diagnosis in 54% of the cases, compared to 40% of the cases in the SFY 2021. Of these cases, 85% demonstrated evidence of education on MAT as a treatment option, and 93% of those were referred to a MAT provider. Documentation showed MAT providers educated the client on overdose, naloxone, and steps to take in the event of an overdose in 47% of the cases, and 48% were either directly provided naloxone or provided resources on where they could obtain naloxone. Education on the effects of polysubstance abuse with opioids was provided in 54% of the cases. In 98% of cases, providers referred clients with withdrawal symptoms to a medical provider.

Table 2-7 — Opioid-Specific Key Findings

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	200	108	54%	0	40%
B. Was there documentation that the member was provided MAT education as a treatment option?	108	92	85%	0	81%
C. If yes to VI B, were they referred to a MAT provider?	92	86	93%	12	95%
D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	49	48	98%	62	89%
E. If a physical health concern related to pain was identified, were alternative pain management options addressed?	21	16	76%	90	56%
F. If member is a pregnant female; did documentation show evidence of education about the safety of methadone and/or buprenorphine during the course of pregnancy?	3	1	33%	108	33%
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?	108	51	47%	0	52%
H. Was the individual provided with naloxone or information on how to obtain naloxone?	108	52	48%	0	NEW MEASURE
I. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	108	58	54%	0	47%

Measure VII — Discharge and Continuing Care Planning Key Findings

The SFY 2022 sample found that 70% of cases contained evidence that a relapse prevention plan was completed with individuals who completed treatment or declined further surveys. This is a 12% increase from SFY 2021, in which 58% of cases documented the completion of a relapse prevention plan. Reviewers found that providers documented offering resources pertaining to community support in 67% of these cases and documented coordinating care with other agencies at the time of discharge in 61% of cases.

Table 2-8 — Discharge and Continuing Care Planning (completed only if member completed treatment or declined further services)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation present that a relapse prevention plan completed?	166	116	70%	0	58%
B. Was the individual reassessed at the time of discharge using ASAM criteria to determine an appropriate level of care?	166	80	48%	0	NEW MEASURE
C. Was the individual referred to the appropriate level of care based on the ASAM	77	73	95%	68	NEW MEASURE

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
determination?					
D. Was there documentation that staff offered resources pertaining to community supports, including recovery self-help and/or other individualized support services (e.g. crisis line)?	164	110	67%	0	63%
E. Was there documentation that staff actively coordinated with other involved agencies at the time of discharge?	134	82	61%	30	71%

Measure VIII — Reengagement Key Findings

In 84% of cases in which a client declined further services or did not appear for scheduled services, providers followed up with a phone call at times when the member was expected to be available. In addition to phone calls, providers also followed up with a mailed letter to the client (59%), contacting other agencies (31%), visiting the client's home (31%), or calling the client's emergency contact (25%.) Of note, some providers employed more than one communication method to attempt to reengage a client that had disengaged from services. Other methods of outreach used by providers included:

- Internal staffing discussions to determine reengagement strategies
- Email communication

Table 2-9 — Reengagement Key Findings (completed only if member declined further services or chose not to appear for scheduled services)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was the member (or legal guardian if applicable) contacted by telephone at times when the member was expected to be available (e.g., after work or school)?	99	83	84%	*	83%
B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	90	53	59%	5	71%
C. Were other attempts made to reengage the individual, such as:					
• Home visit?	16	5	31%	0	31%
• Call emergency contact(s)?	16	4	25%	0	27%
• Contacting other involved agencies?	16	5	31%	0	46%
• Street Outreach?	16	0	0%	0	0%

Measure IX — National Outcome Measures Key Findings

Each of the seven NOMs for Measure IX is depicted in Tables 2-10 and 2-11. Fluctuation in denominators reflects missing documentation of status at intake and discharge, if applicable. In general, documentation on NOM status was more consistent in the file at intake as opposed to discharge. Reviewers found evidence of employment, involvement with school or vocational educational programs, housing status, and abstinence from drugs and/or alcohol at intake, rather than discharge. The NOM for being on disability or retired is not necessarily a functional outcome but is included so as not to skew the data for those who are employed, as individuals that are retired should not be captured in the unemployed NOM as a negative outcome.

In the cases in which the NOMs were documented at intake and discharge, improvement in each metric was noted. The table below shows the results for each NOM at intake and discharge. Results for each ACC-RBHA for each NOM improved at discharge. The number of individuals who reported a recent arrest at intake was 11%; this number decreased to 3% at discharge. Sixty-eight percent of individuals reported abstinence from alcohol/drugs at discharge while 30% reported abstinence at intake. Most notably, individuals reported participating in social support and recovery groups 9% of the time at intake and 84% of the time at discharge (75% increase).

Sixty-three percent of individuals at discharge were abstinent from drugs and alcohol in 2021 compared to 67% in 2022, a 4% increase. Fifty-three percent of individuals participated in

social support recovery in the preceding 30 days at discharge in 2021 versus 84% in 2022, a 31% increase, whereas employment and stable housing decreased at discharge in 2022.

Table 2-10 — 2022 National Outcome Measures

	At Intake			At Discharge		
	Denominator	# of Yes FY 2022	% of Yes FY 2022	Denominator	# of Yes FY 2022	% of Yes FY 2022
A. Employed?	196	72	37%	117	44	38%
B. Enrolled in school or vocational educational program?	182	7	4%	112	5	4%
C. On disability or retired?	174	23	13%	112	16	14%
D. Lived in a stable housing environment (e.g., not homeless)?	193	134	69%	129	102	79%
E. Arrested in the preceding 30 days?	178	20	11%	120	4	3%
F. Abstinent from drugs and/or alcohol?	190	58	31%	128	86	67%
G. Participated in social support recovery in the preceding 30 days?	200	17	9%	129	108	84%

Table 2-11 — 2021 National Outcome Measures

	At Intake			At Discharge		
	Denominator	# of Yes FY 2021	% of Yes FY 2021	Denominator	# of Yes FY 2021	% of Yes FY 2021
A. Employed?	189	88	47%	90	70	56%
B. Enrolled in school or vocational educational program?	178	0	0%	3	129	2%
C. Lived in a stable housing environment (e.g., not homeless)?	192	150	78%	141	23	86%
D. Arrested in the preceding 30 days?	189	14	7%	11	148	7%
E. Abstinent from drugs and/or alcohol?	189	54	29%	85	50	63%
F. Participated in social support recovery in the preceding 30 days?	200	36	18%	62	55	53%

Section 5

Case File Review Findings by ACC-RBHA

This section of the report includes findings organized by ACC-RBHA, including narratives and Tables 3-1 through 3-32. The reporting methodology remains consistent from Section 4 — Aggregate Findings to Section 5. The denominators consist of the sum of "Yes" and "No" responses and differ across measures. Some denominators are based on the number of "Yes" responses from a prior question when applicable. N/A responses are not included in any denominator, consistent with prior years' analyses. Measures marked with an asterisk in the "N/A" column indicate that "N/A" was not a valid response option for that particular measure. Additionally, certain measures included an option for missing documentation. Additional narrative information was collected, as noted in Section 4, and is incorporated into the findings narrative prior to the table.

Arizona Complete Health

AzCH has responsibility for AHCCCS clients in the southern region of the state. AzCH is assigned to members who live in Greenlee, Graham, Cochise, Santa Cruz, Pima, Yuma, and La Paz counties. Mercer reviewed provider treatment records from eight separate clinics under AzCH's area of responsibility. In the previous review, the AzCH sample performed better than the state across multiple metrics. The highlights below were observed within the data collected:

- Providers addressed SDoH issues during the initial assessment in 88% of the cases that contained an ISP, which was well above average for the state (79%).
- Providers used ASAM dimensions to determine the proper level of care at intake 95% of the time, slightly above the state average of 92%.
- Screening for TB within this region, which was documented in 49% of cases, was above the average for the state (42%).
- There was documentation that charitable choice requirements were followed, if applicable, 100% of the time, well above the state average of 75%
- When there was evidence of a lack of progress in an individual's treatment, providers in AzCH sought consultation to improve outcomes 55% of the time, much higher than the state average of 37%.

It is worth noting for this reporting period, each performance metric described above was again higher than the state average, with the exception of the charitable choice requirement. AzCH did not have any charitable choice cases in this review; therefore, the denominator was zero. Highlights of this review are as follows:

- Providers addressed SDoH issues during the initial assessment in 88% of the cases that contained an ISP, no change from last year, and higher than the 77% state average.

- Providers used ASAM dimensions to determine the proper level of care at intake 93% of the time, down 2% from last year, but well above the 83% state average.
- Screening for TB within this region was documented in 51% of cases, up 2% from last year and slightly higher than the 46% state average.
- When there was evidence of a lack of progress in an individual's treatment, providers in AzCH sought consultation to improve outcomes 88% of the time, a 33% increase from last year and significantly higher than the 60% state average.

Measure I — Intake/Treatment Planning Key Findings

Initial Behavioral Health Assessment

Mercer reviewed 41 total records for AzCH and found 100% of the charts contained evidence that an initial BH assessment was completed within 45 days of the initial appointment. As part of the initial assessment, providers successfully documented compliance with the required components of the assessment (Items A1-9) with a range of 8% to 100%. Overall, the areas of lowest performance remain consistent from the previous year; however, hepatitis C, HIV and other infectious disease screening, and TB screening each improved while review of PDPM significantly decreased. Hepatitis C, HIV, and other infectious disease screening increased 10% this reporting period, up from 33% to 44%. TB screening also increased by 2%, up from 49% to 51%. Documentation of review of PDPM, however, was the lowest component at 8%, dropping significantly from 23% to 8%, a 15% decrease. The PDPM state average was 22%; AzCH fell well below the state average.

Individual Service Plan

Providers developed an ISP for the client's treatment (within 90 days of the initial appointment) in 95% of the reviewed cases (a 3% decrease from the previous year). In 97% of these cases (up 1%), the providers developed the ISP in congruence with the presenting concerns. Fifteen percent of ISPs (up 6%) were developed with the participation of the client's family or other supports (when the client consented to allow participation from these sources). Seventeen clients declined participation from family and other supports, or support did not exist.

Table 3-1 — Assessment and Individual Service Plan

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
Intake/Treatment Planning					
A. Was a behavioral health assessment completed at intake (within 45 days of initial	41	41	100%	0	98%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
appointment)?					
Did the behavioral health assessment:					
1. Address substance-related disorder(s)?	41	41	100%	0	100%
2. Describe the intensity/frequency of substance use?	41	38	93%	0	95%
3. Include the effect of substance use on daily functioning?	41	40	98%	0	89%
4. Include the effect of substance use on interpersonal relationships?	41	41	100%	0	77%
5. Was a risk assessment completed?	41	41	100%	0	98%
6. Document screening for	41	21	51%	0	49%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
tuberculosis (TB)?					
7. Document screening for Hepatitis C, HIV and other infectious diseases?	41	18	44%	0	33%
8. Document screening for emotional and/or physical abuse/trauma issues?	41	40	98%	0	95%
9. Document that review of the Prescription Drug Monitoring Program (PDMP) was completed?	36	3	8%	5	23%
B. Was there documentation that	0	0	0%	41	100%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
charitable choice requirements were followed, if applicable?					
C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	41	39	95%	1	98%
Was the ISP:					
1. Developed with participation of the family/support network?	39	6	15%	17	9%
2. Congruent with the diagnosis(es) and presenting concern(s)?	39	38	97%	0	96%
3. Measurable objectives and timeframes to address	39	37	95%	0	96%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
the identified needs?					
4. Addressing the unique cultural preferences of the individual?	39	37	95%	0	82%
5. Were social determinants of health issues considered as part of, and incorporated into, the ISP?	39	33	85%	0	88%

Measure II — Placement Criteria/Assessment Key Findings

ASAM patient placement criteria were used at intake to determine the appropriate level of service in 93% of the cases reviewed. Of these cases, documentation showed that 89% received the LOC identified by the ASAM criteria (down 4% from the previous reporting period). Providers documented the use of the ASAM criteria to reassess the proper LOC during treatment in 34% of cases, down 10%. In 20% of the reviewed case files, providers documented the use of other (or additional) assessment tools during the course of treatment. These tools included:

- URICA (used once)
- DLA-20 (used once)
- CASII (used once)
- PRAPARE (used twice)

Table 3-2 — Placement Criteria/Assessment

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation that the American Society of Addiction Medicine (ASAM) dimensions were used to determine the proper level of care at intake?	41	38	93%	0	95%
1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
Level 0.5: Early Intervention	38	1	3%	0	4%
OMT: Opioid Maintenance Therapy	38	3	8%	0	5%
Level I: Outpatient Treatment	38	9	24%	0	55%
Level II: Intensive Outpatient Treatment/Partial Hospitalization	38	4	11%	0	16%
Level III: Residential/Inpatient Treatment	38	26	68%	0	24%
Level IV: Medically Managed Intensive Inpatient Treatment	38	0	0%	0	2%
B. Did the member receive the level of services identified by the placement criteria/assessment?	38	34	89%	0	93%
C. Were the ASAM dimensions reassessed (with documentation) during the course of treatment?	38	13	34%	0	44%
D. Were additional assessment tools (in addition to ASAM or in lieu of) utilized during the course of treatment?	41	8	20%	0	43%

Measure III — Best Practices Key Findings

Ninety percent (up 7% from previous period) of sampled BH case files contained documentation that EBPs were used in treatment. Of these, CBT was the most widely used EBP (70%, up 10%). MAT was documented in 24% (2% decrease) of the case files. Of the 10 individuals who received MAT, methadone was the most frequently used medication (60%). Four interventions were not documented as having been used during this review period: ACRA, Beyond Trauma: A Healing Journey for Women, Contingency Management, and Helping Women Recover (these interventions were also not used in the previous reporting period). It is important to note that only five women were included in last year's sample, making a finding of zero services, which is not statistically significant or representative of the entire population. Sixteen out of 41 (39%) charts reviewed were women, and 75% of those received gender-specific treatment, a significant improvement from last year. Additional interventions used by providers included:

- Acceptance and Commitment Therapy (used three times)
- Living in Balance (used two times)
- EMDR (used one time)
- 12-step education (used one time)

In 54% (28% increase from the previous year) of cases, providers offered certified peer support services, and in 86% (up 46%) of those cases, the services were provided as part of treatment. The EBP of screening for ongoing substance use during treatment occurred in 76% (up 26%) of the reviewed cases.

Table 3-3 — Best Practices

	% of Yes FY 2022	% of Yes FY 2021
A. Were evidence-based practices used in treatment?	90%	83%
1. The following evidence-based practices were used in treatment:		
Cognitive Behavioral Therapy (CBT)	70%	60%
Dialectal Behavioral Therapy (DBT)	24%	2%
Helping Women Recover	0%	0%
Matrix	3%	23%
Moral Re-conation Therapy (MRT)	3%	4%
Motivational Enhancement/Interviewing Therapy	35%	13%
Relapse Prevention Therapy (RPT)	51%	13%
Seeking Safety	27%	13%
SMART Recovery	41%	10%
Thinking for a Change	3%	2%
Trauma Recovery and Empowerment Model (TREM)	3%	0%
Trauma-Informed Care (TIC)	11%	4%
Wellness Recovery Action Plan (WRAP)	0%	2%
Other Practices or Program	32%	33%

Table 3-4 — Medication Assisted Treatment

	Denominator FY 2022	% of Yes FY 2022	Denominator FY 2021	% of Yes FY 2021
A. Medication Assisted Treatment (MAT)	41	24%	58	26%
1. The following medication was used in treatment:				
❖**Alcohol-related**				
Acamprosate (Campral)	10	0%	15	0%
Disulfiram (Antabuse)	10	0%	15	0%
❖**Opioid-Related**				
Subutex (buprenorphine)	10	10%	15	7%
Methadone/Levo-Alpha-Acetylmethadol (LAAM)	10	60%	15	53%
Narcan (naloxone)	10	0%	15	7%

	Denominator FY 2022	% of Yes FY 2022	Denominator FY 2021	% of Yes FY 2021
Vivitrol (long-acting naltrexone)	10	0%	15	13%
Suboxone (buprenorphine-naloxone)	10	30%	15	27%
B. Was screening for substance use/abuse conducted during the course of treatment?	41	76%	58	50%
C. Was certified peer support offered as part of treatment?	41	54%	58	26%
If yes to C., were certified peer support services used as a part of treatment?	22	86%	15	40%

Measure IV — Treatment/Support Services/Rehabilitation Services Key Findings

This reporting period, providers used group counseling/therapy as the most common service type (95%), followed by individual counseling/therapy (93%), and case management (80%). Providers used case management as the most common service provided in last year's sample (83%), followed by group therapy (66%), and individual therapy (50%). These differences are significant in both percentage and order of use. Providers did not document the provision of family counseling in any of the reviewed cases (0%). Of those individuals who received counseling, 88% (up 42%) attended more than 11 sessions; 10% attended five or fewer sessions. Forty-one percent of BH case files (down 37%) did not contain documentation regarding the number of self-help or recovery group sessions completed during treatment. Of those that did document this metric, 0% of cases documented zero attendance at the self-help or recovery group sessions while 32% attended 21 or more times during treatment. This is also an area of noted improvement.

Table 3-5 — Treatment/Support Services/Rehabilitation Services

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. The following services were used in treatment:					
• Individual counseling/therapy	41	38	93%	0	50%
• Group counseling/therapy	41	39	95%	0	66%
• Family counseling/therapy	41	0	0%	0	0%
• Case management	41	33	80%	0	86%
B. Was there clear documentation of progress or lack of progress towards the identified ISP goals?	41	41	100%	0	83%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
C. The number of completed counseling/therapy sessions during treatment was:					
• 0–5 sessions	41	4	10%	*	40%
• 6–10 sessions	41	1	2%	*	14%
• 11 sessions or more	41	36	88%	*	46%
D. Was the individual given any education on self-help or recovery groups	41	35	85%	1	NEW MEASURE
E. Documentation showed that the member reported attending self-help or recovery groups the following number of times:					
• No documentation	41	17	41%	*	78%
• 0 times during treatment	41	0	0%	*	10%
• 1–4 times during treatment	41	2	5%	*	2%
• 5–12 times during treatment	41	2	5%	*	2%
• 13–20 times during treatment	41	7	17%	*	2%
• 21 or more times during treatment	41	13	32%	*	7%
F. 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?	16	14	88%	25	55%
G. If the member was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	33	29	88%	8	75%
H. If the member was not involved in an educational or vocational training program, was there evidence that the individual's interest in becoming involved in such a program was explored?	29	20	69%	12	28%
I. If the member was not involved with a meaningful community activity (e.g., volunteering, caregiving to family or friends, and/or any active community participation), was there evidence that the individual's	37	31	84%	4	31%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
interest in such an activity was explored?					
J. Does the documentation reflect that substance abuse services were provided?	41	38	93%	*	91%
K. Was member's access to a primary care physician (PCP) or other medical provider explored?	41	35	85%	1	94%

Measure V — Gender-Specific Key Findings

Providers documented six women's case files with a history of domestic violence; of these, 67% contained a safety plan. This sample contained zero pregnant women, and only one woman had given birth in the past year. There is documented evidence that postpartum depression/psychosis screening was completed for the one woman who had given birth. Of the case files for women who had dependent children, 100% documented an examination of childcare. Gender-specific services were documented in 76% of cases.

Table 3-6 — Gender Specific (Female Only)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	6	4	67%	11	80%
B. If the female was pregnant, was there documentation of coordination of care efforts with the PCP and/or obstetrician?	N/A	0	0%	17	0%
C. If the female was pregnant; did documentation show evidence of education on the effects of substance use on fetal development?	N/A	0	0%	17	0%
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?	1	1	100%	16	0%
E. If the female had dependent children, was there documentation to show that childcare was addressed?	2	2	100%	15	83%
F. Was there evidence of gender-specific treatment services (e.g.,	17	13	76%	0	11%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
women's-only group therapy sessions)?					

Measure VI — Opioid-Specific Key Findings

For this sub-sample, providers documented OUD diagnosis in 49% of the cases (up 18%). Of these cases, providers educated 80% (down 9%) of the clients on MAT as a treatment option, and 88% of those were referred to a MAT provider. Documentation showed MAT providers educated the client on overdose, naloxone, and steps to take in the event of an overdose in 25% (down 14%) of the cases. Education on the effects of polysubstance abuse with opioids was provided in 35% of the cases (down 9%). In 100% of cases, providers referred clients with withdrawal symptoms to a medical provider; however, there was only one client reported having withdrawal symptoms. There were no pregnant women in the sample size, leading to the finding of zero for documentation of education about the safety of methadone and/or buprenorphine during pregnancy.

Table 3-7 — Opioid-Specific Key Findings

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	41	20	49%	0	31%
B. Was there documentation that the member was provided MAT education as a treatment option?	20	16	80%	0	89%
C. If yes to VI B, were they referred to a MAT provider?	16	14	88%	3	88%
D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	1	1	100%	19	90%
E. If a physical health concern related to pain was identified, were alternative pain management options addressed?	2	1	50%	18	50%
F. If member is a pregnant female; did documentation show evidence of education about the safety of methadone and/or	N/A	0	0%	20	N/A

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
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?	20	5	25%	0	39%
H. Was the individual provided with naloxone or information on how to obtain naloxone?	20	6	30%	0	NEW MEASURE
I. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	20	7	35%	0	44%

Measure VII — Discharge and Continuing Care Planning Key Findings

In 80% (up 23%) of the reviewed cases, providers documented the completion of a relapse prevention plan for clients who completed treatment or declined further services. Providers documented offered resources pertaining to community support in 84% (up 22%) of these cases. For those clients engaged with other agencies, providers actively coordinated with these agencies at the time of discharge in 69% of the cases, an increase of 3%.

Table 3-8 — Discharge and Continuing Care Planning (completed only if member completed treatment or declined further services)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation present that a relapse prevention plan was completed?	40	32	80%	0	57%
B. Was the individual reassessed at the time of discharge using ASAM criteria to determine an appropriate level of care?	40	16	40%	0	NEW MEASURE
C. Was the individual referred to the appropriate level of care	16	15	94%	15	NEW MEASURE

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
based on the ASAM determination?					
D. Was there documentation that staff offered resources pertaining to community supports, including recovery self-help and/or other individualized support services (e.g. crisis line)?	38	32	84%	0	62%
E. Was there documentation that staff actively coordinated with other involved agencies at the time of discharge?	36	25	69%	3	76%

Measure VIII — Reengagement Key Findings

In 94% (up 19%) of cases in which the client declined further services or chose not to appear for scheduled services, providers followed up with a phone call at times when the member was expected to be available. In 69% (down 2%) of these cases, providers mailed a letter to the client requesting contact. Other activities taken by providers to make contact included visiting the client's home (63%), contacting other involved agencies (13%), and calling the client's emergency contact (13%). Other outreach activities included emails and contact with probation officers.

Table 3-9 — Reengagement Key Findings

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was the member (or legal guardian if applicable) contacted by telephone at times when the member was expected to be available (e.g., after work or school)?	16	15	94%	0	75%
B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	13	9	69%	1	71%
C. Were other attempts made to reengage the individual, such as:					
• Home visit?	8	5	63%	0	46%
• Call emergency contact(s)?	8	2	25%	0	23%
• Contacting other involved agencies?	8	1	13%	0	31%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
• Street Outreach?	8	0	0%	0	0%

Measure IX — NOMs Key Findings

Each of the six AzCH NOMs for Measure IX is depicted in Table 3-10. Denominators are impacted by missing documentation of status at intake and discharge if applicable. The graphs below show the client's status for each NOM at intake and discharge. Results for AzCH for each NOM improved at discharge. Data suggests improvement in employment status, an increase in school or vocational educational program enrollment, living in a stable housing environment, abstinence from drugs or alcohol, and participation in recovery social support. Most notably, 20 members were abstinent at discharge (up from 13 members at intake) and 29 members (up from two members at intake) were participating in recovery social support at discharge.

Ninety-four percent of individuals at discharge participated in social support recovery in the preceding 30 days in 2022 compared to 41% in 2021, a 53% increase. There was a 7% increase in individuals remaining abstinent from drugs and/or alcohol at discharge when comparing 2022 and 2021 data. In 2022, zero individuals were arrested in the preceding 30 days at discharge compared to 17% in 2021. Additionally, there was a 30% decrease in individuals who were employed in this reporting period as compared to 2021.

Table 3-10 — 2022 AzCH National Outcome Measures

	At Intake			At Discharge		
	Denominator	# of Yes FY 2022	% of Yes FY 2022	Denominator	# of Yes FY 2022	% of Yes FY 2022
A. Employed?	40	2	5%	29	5	17%
B. Enrolled in school or vocational educational program?	36	1	3%	27	3	11%
C. On disability or retired?	32	8	25%	28	7	25%
D. Lived in a stable housing environment (e.g., not homeless)?	39	20	51%	30	21	70%
E. Arrested in the preceding 30 days?	35	6	17%	29	0	0%
F. Abstinent from drugs and/or alcohol?	38	13	34%	28	20	71%

	At Intake			At Discharge		
	Denominator	# of Yes FY 2022	% of Yes FY 2022	Denominator	# of Yes FY 2022	% of Yes FY 2022
G. Participated in social support recovery in the preceding 30 days?	41	2	5%	31	29	94%

Table 3-11 — 2021 AzCH National Outcome Measures

	At Intake			At Discharge		
	Denominator	# of Yes FY 2022	% of Yes FY 2022	Denominator	# of Yes FY 2022	% of Yes FY 2022
A. Employed?	57	25	44%	47	22	47%
B. Enrolled in school or vocational educational program?	54	0	0%	45	3	7%
C. Lived in a stable housing environment (e.g., not homeless)?	58	40	69%	49	36	73%
D. Arrested in the preceding 30 days?	58	7	12%	48	8	17%
E. Abstinent from drugs and/or alcohol?	58	17	29%	39	25	64%
F. Participated in social support recovery in the preceding 30 days?	58	8	14%	32	13	41%

Health Choice Arizona

HC has responsibility for AHCCCS clients in the northern region of the state. HC is assigned to members who live in Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties. Mercer reviewed provider treatment records from seven separate clinics under HC Arizona's area of responsibility. In the previous review, the HC sample performed better than the state across multiple metrics. The highlights below were observed within the data collected:

- Certified peer support was offered 37% of the time in treatment, higher than the state average of 26%.

- Members were provided MAT services 100% of the time compared to the state average of 95%.
- Referral to a medical provider for clients with withdrawal symptoms occurred in 100% of the cases reviewed within this region as compared with the state average of 89%.
- Reengagement attempts via home visits were attempted 50% of the time, well above the state average of 31%.

It is worth noting for this reporting period, three out of the four performance metrics described above were again higher than the state average. The metric below the state average for this reporting period included reengagement attempts via home visits for members who declined further services or chose not to appear for scheduled services. Highlights of this review are as follows:

- Certified peer support was offered 45% of the time in treatment, higher than the state average of 42%.
- Members were provided MAT services 100% of the time compared to the state average of 93%.
- Referral to a medical provider for clients with withdrawal symptoms occurred in 100% of the cases reviewed within this region as compared with the state average of 98%.
- Reengagement attempts via home visits were attempted 0% of the time, well below the state average of 31%.

Measure I — Intake/Treatment Planning Key Findings

Initial Behavioral Health Assessment

A total of 22 charts from HC were reviewed by Mercer, with 21 charts having evidence of an initial behavioral assessment being completed within 45 days of the initial appointment. The highest completion was seen with addressing substance-related disorders, intensity, frequency, and effects of usage on daily functioning. Also noted, was that risk assessments were completed on 100% of charts. The areas of lowest performance were documentation of the PDMP (11%), hepatitis (33%), and TB (38%) screenings. Providers successfully documented compliance with the required elements of the assessment (Items A1-9) in a range of 11% to 100%.

Individual Service Plan

An ISP for the client's treatment was developed by providers in 100% of the reviewed cases. There was family involvement of 29%, which was an increase from 0% in 2021. Objectives and timeframes were established in 95% of charts, and 86% addressed the cultural preferences of the client. SDoH was incorporated into the ISP 67% of the time, with the state average being 67%.

Table 3-12 — HC Assessment and Individual Service Plan

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
Intake/Treatment Planning					
A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	22	21	95%	0	73%
Did the behavioral health assessment:					
1. Address substance-related disorder(s)?	21	21	100%	1	100%
2. Describe the intensity/frequency of substance use?	21	21	100%	1	91%
3. Include the effect of substance use on daily functioning?	21	21	100%	1	95%
4. Include the effect of substance use on interpersonal relationships?	21	20	95%	1	82%
5. Was a risk assessment completed?	21	21	100%	1	95%
6. Document screening for tuberculosis (TB)?	21	8	38%	1	41%
7. Document screening for Hepatitis C, HIV and other infectious diseases?	21	7	33%	1	18%
8. Document screening for emotional and/or physical abuse/trauma issues?	21	18	86%	1	95%
9. Document that review of the Prescription Drug Monitoring Program (PDMP) was completed?	19	2	11%	3	17%
B. Was there documentation that charitable choice requirements were followed, if applicable?	1	0	0%	21	100%
C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	21	21	100%	0	95%
Was the ISP:					
1. Developed with participation of the family/support network?	21	6	29%	11	0%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
2. Congruent with the diagnosis(es) and presenting concern(s)?	21	21	100%	0	100%
3. Measurable objectives and timeframes to address the identified needs?	21	20	95%	0	95%
4. Addressing the unique cultural preferences of the individual?	21	18	86%	0	71%
5. Were social determinants of health issues considered as part of, and incorporated into, the ISP?	21	14	67%	0	67%

Measure II — Placement Criteria/Assessment Key Findings

ASAM dimensions were used in 73% of the reviews completed by Mercer. 2021 data showed 73% as well, with no net gain in progress. The state average for ASAM dimensions is 83%. Of the cases that were assigned an ASAM dimension, 94% received the level of services identified by the placement or criteria assessment, this is a gain of 82% from 2021. The state average is 96%. Other assessment tools were also noted as being used and this was measured as 50%, which is an increase from 23% in 2021. Some of those additional assessment tools used were:

- PHQ-9, AASE (used once)
- PRAPARE (used five times)
- CIWA (used once)
- Columbia Suicide Scale (used twice)

Table 3-13 — HC Placement Criteria/Assessment

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation that the American Society of Addiction Medicine (ASAM) dimensions were used to determine the proper level of care at intake?	22	16	73%	0	83%
1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
Level 0.5: Early Intervention	16	0	0%	0	1%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
OMT: Opioid Maintenance Therapy	16	0	0%	0	16%
Level I: Outpatient Treatment	16	7	44%	0	45%
Level II: Intensive Outpatient Treatment/ Partial Hospitalization	16	2	13%	0	12%
Level III: Residential/ Inpatient Treatment	16	7	44%	0	42%
Level IV: Medically Managed Intensive Inpatient Treatment	16	0	0%	0	1%
B. Did the member receive the level of services identified by the placement criteria/assessment?	16	15	94%	0	96%
C. Were the ASAM dimensions reassessed (with documentation) during the course of treatment?	16	6	38%	0	54%
D. Were additional assessment tools (in addition to ASAM or in lieu of) utilized during the course of treatment?	22	11	50%	0	50%

Table 3-14 — HC Best Practices — EBPs

	% of Yes FY 2022	% of Yes FY 2021
A. Were evidence-based practices used in treatment?*		
1. The following evidence-based practices were used in treatment:		
Cognitive Behavioral Therapy (CBT)	74%	39%
Dialectical Behavioral Therapy (DBT)	11%	26%
Helping Women Recover	0%	0%
Matrix	16%	26%
Motivational Enhancement/Interviewing Therapy	21%	13%
Relapse Prevention Therapy (RPT)	58%	17%

	SMART Recovery	5%	9%
	Thinking for a Change	5%	0%
	Trauma-Informed Care (TIC)	11%	0%

Measure III — Best Practices Key Findings

EBP was used in 86% of the charts reviewed; this is a marked improvement from 2021, which was 77%. CBT was used most often, at 74%, which is a significant improvement from 39% last year. Four clients received MAT services, with two receiving methadone, one receiving Vivitrol, and one receiving Suboxone. Forty-five percent of clients were offered certified peer support as part of their treatment, and 80% of those were certified peer support, which is another marked improvement from 2021.

Additional interventions used by providers included:

- Living in Balance (used one time)
- 12-step education (used one time)

Table 3-15 — HC Best Practices — MAT

	Denominator FY 2022	% of Yes FY 2022	Denominator FY 2021	% of Yes FY 2021
A. Medication-Assisted Treatment (MAT)	22	18%	30	10%
1. The following medication was used in treatment:				
❖Alcohol-Related				
Acamprosate (Campral)	4	0%	3	0%
Disulfiram (Antabuse)	4	0%	3	33%
❖Opioid-Related				
Subutex (buprenorphine)	4	0%	3	0%
Methadone/Levo-Alpha-Acetylmethadol (LAAM)	4	50%	3	33%
Narcan (naloxone)	4	0%	3	0%
Vivitrol (long-acting naltrexone)	4	25%	3	0%
Suboxone (buprenorphine-naloxone)	4	25%	3	33%
B. Was screening for substance use/abuse conducted during the course of treatment?	22	41%	30	43%
C. Was certified peer support offered as part of treatment?	22	45%	30	37%

If yes to D., were certified peer support services used as a part of treatment?	10	80%	11	27%

Measure IV — Treatment/Support Services/Rehabilitation Services Key Findings

Group and Individual Counseling was documented as occurring more frequently than in 2021. This year's Individual therapy increased from 57% to 86% while Group counseling/therapy increased from 70% to 91%. There was an improvement in both Family counseling and Case management as well. The number of sessions completed was 27% of 0–5 sessions, 23% completed 6–10 sessions, and 50% completed 11 or more sessions. Most key findings in the Treatment/Support Services/Rehabilitation saw an increase in documentation of services provided. The largest gain was seen in the meaningful Community activity.

Table 3-16 — HC Treatment/Support Services/Rehabilitation Services

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. The following services were used in treatment:					
• Individual counseling/therapy	22	19	86%	0	57%
• Group counseling/therapy	22	20	91%	0	70%
• Family counseling/therapy	22	1	5%	0	0%
• Case management	22	19	86%	0	77%
B. Was there clear documentation of progress or lack of progress towards the identified ISP goals?	22	20	91%	0	67%
C. The number of completed counseling/therapy sessions during treatment was:					
• 0–5 sessions	22	6	27%	*	50%
• 6–10 sessions	22	5	23%	*	10%
• 11 sessions or more	22	11	50%	*	40%
D. Was the individual given any education on self-help or recovery groups?	22	18	82%		NEW MEASURE
E. Documentation showed that the member reported attending self-help or recovery groups the following number of times:					
• No documentation	22	6	27%	*	87%
• 0 times during treatment	22	1	5%	*	3%
• 1–4 times during treatment	22	5	23%	*	3%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
• 5–12 times during treatment	22	3	14%	*	3%
• 13–20 times during treatment	22	1	5%	*	0%
• 21 or more times during treatment	22	6	27%	*	3%
F. 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?	14	9	64%	8	40%
G. If the member was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	11	6	55%	11	50%
H. If the member 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?	9	4	44%	13	17%
I. If the member was not involved with a meaningful community activity (e.g., 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?	13	6	46%	9	13%
J. Does the documentation reflect that substance abuse services were provided?	22	19	86%	*	90%
K. Was member's access to a primary care physician (PCP) or other medical provider explored?	22	15	68%	0	53%

Measure V — Gender-Specific Key Findings

The denominator for this group was two clients who identified as female. Of these two, one was identified as having a safety plan completed. There were no pregnant or dependent children less than one year of age. There was identification of dependent children but no documentation showing childcare was addressed. Gender-specific services were provided in 14% of the cases reviewed.

Table 3-17 — HC Gender Specific (Female Only)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	2	1	50%	5	29%
B. If the female was pregnant, was there documentation of coordination of care efforts with the PCP and/or obstetrician?	N/A	0	0%	7	N/A
C. If the female was pregnant; did documentation show evidence of education on the effects of substance use on fetal development?	N/A	0	0%	7	N/A
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?	N/A	0	0%	7	N/A
E. If the female had dependent children, was there documentation to show that childcare was addressed?	1	0	0%	6	80%
F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	7	1	14%	0	10%

Measure VI — Opioid-Specific Key Findings

OUD was discovered in 18% (four clients) of the sample. Providers documented 100% that MAT education occurred and a referral was completed by a MAT provider. Of the 18% diagnosed with OUD, only one received information related to overdose education and how to react in the event of an overdose. Also, only one individual was given information on how to obtain naloxone.

Table 3-18 — HC Opioid Specific

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	22	4	18%	0	13%
B. Was there documentation that the member was provided MAT education as a treatment option?	4	4	100%	0	50%
C. If yes to VI B, were they referred to a MAT provider?	4	4	100%	0	100%
D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	1	1	100%	4	100%
E. If a physical health concern related to pain was identified, were alternative pain management options addressed?	N/A	0	0%	5	0%
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?	N/A	0	-	5	N/A
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?	4	1	25%	0	25%
H. Was the individual provided with naloxone or information on how to obtain naloxone?	4	1	25%	0	NEW MEASURE
I. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	4	2	50%	0	50%

Measure VII — Discharge and Continuing Care Planning Key Findings

A relapse prevention plan was completed on 61% of the clients, which is a significant improvement from 27% in 2021. HC providers documented the individual was referred to the appropriate LOC using ASAM determination 100% of the time. Documentation at intake of staff actively coordinated with other involved agencies was only 24% at discharge while there was documentation on intake of 65% having an involved other agencies. This also may be related to missing information.

Table 3-19 — HC Discharge and Continuing Care Planning (completed only if member completed treatment or declined further services)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation present that a relapse prevention plan completed?	18	11	61%	0	27%
B. Was the individual reassessed at the time of discharge using ASAM criteria to determine an appropriate level of care?	18	7	39%	0	*
C. Was the individual referred to the appropriate level of care based on the ASAM determination?	7	7	100%	7	*
D. Was there documentation that staff offered resources pertaining to community supports, including recovery self-help and/or other individualized support services (e.g. crisis line)?	18	13	72%	0	23%
E. Was there documentation that staff actively coordinated with other involved agencies at the time of discharge?	17	11	65%	1	24%

Measure VIII — Reengagement Key Findings

If a member declined services or chose not to appear for further services, 82% of the providers attempted to contact a member via phone. If the phone call was unsuccessful, a follow-up letter was sent to members 67% of the time. Home visits and calls to emergency contacts did not occur, but contacting other agencies involved, when applicable, occurred 100% of the time.

Table 3-20 — HC Arizona Reengagement (completed only if member declined further services or chose not to appear for scheduled services)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was the member (or legal guardian if applicable) contacted by telephone at times when the member was expected to be available (e.g., after work or school)?	11	9	82%	0	86%
B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	9	6	67%	1	58%
C. Were other attempts made to re-engage the individual, such as:					
• Home visit?	2	0	0%	0	50%
• Call emergency contact(s)?	2	0	0%	0	50%
• Contacting other involved agencies?	2	2	100%	0	25%
• Street Outreach?	2	0	0%	0	0%

Measure IX — NOMs Key Findings

The table below illustrates both intake and discharge comparisons for NOMs. There was missing information in both categories, which reflects the fluctuations in denominators. Employment information at intake saw minimal change in measurement from 2021, but employment information at discharge saw a marked increase, with 2021 discharge information of 56% while 2022 was 80%. There were also noticeable improvements from 2021 in participation in social support recovery in the preceding 30 days, 2021 was 53%, with 2022 at 100%.

Table 3-21 — 2022 HC Arizona National Outcome Measures

	At Intake			At Discharge		
	Denominator	# of Yes FY 2022	% of Yes FY 2022	Denominator	# of Yes FY 2022	% of Yes FY 2022
A. Employed?	21	10	48%	12	8	80%
B. Enrolled in school or vocational educational program?	20	1	5%	12	2	17%
C. On disability or retired?	17	3	18%	12	1	8%

	At Intake			At Discharge		
	Denominator	# of Yes FY 2022	% of Yes FY 2022	Denominator	# of Yes FY 2022	% of Yes FY 2022
D. Lived in a stable housing environment (e.g., not homeless)?	21	17	81%	15	12	80%
E. Arrested in the preceding 30 days?	19	4	21%	12	0	0%
F. Abstinent from drugs and/or alcohol?	20	7	35%	14	11	79%
G. Participated in social support recovery in the preceding 30 days?	22	3	14%	15	15	100%

Table 22 — 2021 HC Arizona National Outcome Measures

	At Intake			At Discharge		
	Denominator	# of Yes FY 2021	% of Yes FY 2021	Denominator	# of Yes FY 2021	% of Yes FY 2021
A. Employed?	21	10	48%	20	13	65%
B. Enrolled in school or vocational educational program?	19	0	0%	16	0	0%
C. Lived in a stable housing environment (e.g., not homeless)?	22	20	91%	20	19	95%
D. Arrested in the preceding 30 days?	22	5	23%	18	2	11%
E. Abstinent from drugs and/or alcohol?	22	5	23%	12	7	58%
F. Participated in social support	30	3	10%	10	6	60%

	At Intake			At Discharge		
	Denominator	# of Yes FY 2021	% of Yes FY 2021	Denominator	# of Yes FY 2021	% of Yes FY 2021
recovery in the preceding 30 days?						

Mercy Care

Measure I — Intake/Treatment Planning Key Findings

Mercy Care is a not-for-profit health plan that has responsibility for AHCCCS clients in the central and south-central regions of Arizona. MC is assigned to clients who live in Gila, Maricopa, and Pinal counties. One hundred thirty-seven (137) charts were reviewed by Mercer subject matter experts. Below are highlights found during the auditing process:

- Screening for hepatitis C, HIV, and other infectious diseases was completed in 59% of charts compared to the state average of 52%. Additionally, this was a significant increase from the FY 2021 review, in which 24% of MC charts contained documentation that supported this screening was completed.
- Screening for TB was completed in 46% of charts compared to the state average of 45%. This is also a significant increase from the FY 2021 review, in which 39% of MC charts contained documentation that supported TB screening was completed.
- Review of the PDMP was completed in 27% of charts, above the state average of 21% of charts. This, however, was a decrease from FY 2021, in which review found that 33% of MC charts had reviewed the PDMP.

Initial Behavioral Health Assessment

Mercer reviewed a total of 137 total records for MC and found that 96% had a BH assessment completed within 45 days of the initial appointment. Compliance with the required components of the BH assessment (items A1–9) ranged from 27% to 100%. The areas of lowest performance for FY 2022 were:

- *Document that review of the Prescription Drug Monitoring Program (PDMP) was completed:* 27% of charts for FY 2022 met this requirement, which is a decrease from FY 2021, in which 33% of charts reviewed contained this documentation.
- *Document screening for tuberculosis (TB):* 46% of charts in the FY 2022 review met this requirement. Additionally, this is an increase from FY 2021, in which only 39% of charts met this requirement.

Areas of strength found in the FY 2022 review include:

- *Was a risk assessment completed?:* 100% of the charts reviewed had documentation that supported this requirement was met. This has consistently been a strength, as 100% of charts in the FY 2021 review also met this requirement.

- *Document screening for emotional and/or physical abuse/trauma issues?* 96% of charts met this requirement. This is a slight decrease from FY 2021, in which 99% of charts met this requirement

Individual Service Plan

MC providers completed an ISP within 90 days of the initial appointment in 100% of the charts reviewed. This is an increase from FY 2021, in which 98% of the charts met this requirement. Ninety-eight percent of the ISPs were congruent with the individual's diagnosis and presenting concerns, which remained consistent with the FY 2021 findings.

An additional strength from the FY 2022 review was ISPs having measurable objectives and timeframes to address the identified needs (97% of charts met this requirement). Areas of opportunity identified in FY 2022 include involving family and support networks in the ISP process (only 9% of charts met this measure.) An overwhelming majority of individuals either did not identify family or natural supports, or if the individual did identify family or natural supports, they declined to involve them in the ISP process.

The following charts include the data from FY 2022, as well as FY 2021 for comparison. Areas of improvement are indicated in the "% of Yes" column in green, and areas with lower percentages from FY 2021 are indicated in pink. If there was no change in the data, no shading is used.

Table 3-23 — MC Assessment and Individual Service Plan

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
Intake/Treatment Planning					
A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	137	132	96%	0	98%
Did the behavioral health assessment:					
1. Address substance-related disorder(s)?	132	128	97%	0	100%
2. Describe the intensity/frequency of substance use?	132	120	91%	0	97%
3. Include the effect of substance use on daily functioning?	132	117	89%	0	99%
4. Include the effect of substance use on interpersonal relationships?	132	120	91%	0	99%
5. Was a risk assessment completed?	132	129	91%	0	100%
6. Document screening for tuberculosis (TB)?	132	60	45%	0	39%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
7. Document screening for Hepatitis C, HIV and other infectious diseases?	132	76	58%	0	24%
8. Document screening for emotional and/or physical abuse/trauma issues?	132	123	93%	0	99%
9. Document that review of the Prescription Drug Monitoring Program (PDMP) was completed?	120	33	28%	11	33%
B. Was there documentation that charitable choice requirements were followed, if applicable?	11	8	73%	125	72%
C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	132	130	98%	1	98%
Was the ISP:					
1. Developed with participation of the family/support network?	130	12	9%	88	8%
2. Congruent with the diagnosis(es) and presenting concern(s)?	130	126	97%	0	98%
3. Measurable objectives and timeframes to address the identified needs?	130	125	96%	0	95%
4. Addressing the unique cultural preferences of the individual?	130	121	93%	0	87%
5. Were social determinants of health issues considered as part of, and incorporated into, the ISP?	130	9976%	77%	0	78%

Measure II — Placement Criteria/Assessment Key Findings

MC providers used the ASAM Patient Placement Criteria to determine the appropriate level of care at intake in 82% of charts. Of those cases, 98% of individuals received the services identified in their ASAM LOC determination. Sixty-three percent of charts found that providers used the ASAM Patient Placement Criteria during the course of treatment to determine the clinically indicated next level of care. Additional assessment tools were used to identify clinical needs in 59% of the charts reviewed, and providers used the following tools:

- PHQ-9 (used 35 times)
- UNCOPE (used 18 times)

- Columbia Suicide Severity Scale (used 15 times)
- GAD-7 (used 13 times)
- PHQ-2 (used eight times)
- Addiction Severity Index (used seven times)
- Global Assessment of Functioning (GAF) (used five times)
- PRAPARE (used four times)
- DAST (used four times)
- Mental Status Exam (MSE) (used two times)
- CAGE (used two times)

The following chart includes the data from FY 2022, as well as FY 2021 for comparison. Areas of improvement are indicated in the % of Yes column in green, and areas with lower percentages from FY 2021 are indicated in pink. If there was no change in the data, no shading is used. For the Placement Criteria/Assessment Chart, Mercer did not reflect an increase or decrease in percentage from FY 2022 to FY 2023 for the level of service identified, as this is not an indicator of alignment with the ASAM criteria. Receiving the LOC indicated by the ASAM placement criteria and utilization of the ASAM criteria during treatment to determine the clinically appropriate next level of care does align with the ASAM criteria, and MC providers both demonstrated improvement in these two areas.

Table 3-24 — MC Placement Criteria/Assessment

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation that the American Society of Addiction Medicine (ASAM) dimensions were used to determine the proper level of care at intake?	137	110	80%	0	95%
1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
Level 0.5: Early Intervention	110	1	1%	0	0%
OMT: Opioid Maintenance Therapy	110	23	21%	0	29%
Level I: Outpatient Treatment	110	57	52%	0	66%
Level II: Intensive Outpatient Treatment/ Partial Hospitalization	110	14	13%	0	6%
Level III: Residential/ Inpatient Treatment	110	35	32%	0	26%
Level IV: Medically Managed Intensive Inpatient Treatment	110	1	1%	0	0%

	Denominator	# of Yes	% of Yes FY 2022	# of N/A	% of Yes FY 2021
B. Did the member receive the level of services identified by the placement criteria/assessment?	110	107	97%	0	96%
C. Were the ASAM dimensions reassessed (with documentation) during the course of treatment?	110	69	63%	0	54%
D. Were additional assessment tools (in addition to ASAM or in lieu of) utilized during the course of treatment?	137	82	60%	0	45%

Measure III — Best Practices Key Findings

FY 2022 chart review found that 71% of providers documented the use of an EBP in treatment, a decrease from the 93% of charts that contained documentation of EBP use in FY 2021.

Table 3-25 — MC Best Practices — EBPs

	% of Yes FY 2022	% of Yes FY 2021
A. Were evidence-based practices used in treatment?		
1. The following evidence-based practices were used in treatment:		
Cognitive Behavioral Therapy (CBT)	88%	58%
Dialectal Behavioral Therapy (DBT)	8%	12%
Helping Women Recover	0%	3%
Matrix	12%	11%
Motivational Enhancement/Interviewing Therapy	52%	37%
Relapse Prevention Therapy (RPT)	55%	16%
SMART Recovery	12%	11%
Thinking for a Change	0%	1%
Trauma-Informed Care (TIC)	11%	1%

There was a 30% increase in the utilization of CBT in treatment, and CBT continued to be the most frequently used EBP from FY 2021 to FY 2022. The largest increase in FY 2022 was in RPT, which saw a 39% increase in utilization.

In addition to the EBPs listed above, there was a text cell in which Mercer staff could enter additional EBPs not listed. Mercer staff found evidence that MC providers also used the following:

- Rational Emotive Behavior Therapy (REBT) (used three times)
- 12 Step Program (used three times)
- Stages of Change (used twice)
- Living in Balance (used twice)
- Triple P Parenting (used twice)
- Acceptance and Commitment Therapy (ACT) (used once)
- Community Reinforcement (used once)
- Men in Recovery (used once)
- Right Track Program (used once)

The following EBPs were not identified as used in treatment by MC providers during FY 2022:

- Adolescent Community Reinforcement Approach (ACRA)
- Beyond Trauma: A Healing Journey for Women
- Contingency Management
- Helping Women Recover
- Moral Re-conation Therapy (MRT)
- Seeking Safety
- Thinking for a Change
- Trauma Recovery and Empowerment Model (TREM)
- Wellness Recovery Action Plan (WRAP)

The FY 2022 pull did not include any adolescents, which could be the reason no adolescent-focused EBPs were observed. Forty-two of the 137 MC charts pulled were for women, and only 57% of the forty-two charts had evidence of gender-specific treatment services, most often through the utilization of women-only groups. However, several women-focused EBPs were not utilized by MC providers in treatment.

Table 3-26 — MC Best Practices — MAT

	Denominator FY 2022	% of Yes FY 2022	Denominator FY 2021	% of Yes FY 2021
A. Medication Assisted Treatment (MAT)	137	47%	112	39%
1. The following medication was used in treatment:				
❖**Alcohol-Related**				
Acamprosate (Campral)	65	0%	44	0%
Disulfiram (Antabuse)	65	2%	44	2%
❖**Opioid-Related**				
Subutex (buprenorphine)	65	3%	44	2%
Methadone/Levo-Alpha-Acetylmethadol (LAAM)	65	74%	44	82%
Narcan (naloxone)	65	0%	44	5%
Vivitrol (long-acting naltrexone)	65	5%	44	2%
Suboxone (buprenorphine-naloxone)	65	22%	44	14%
B. Was screening for substance use/abuse conducted during the course of treatment?	137	65%	112	60%
C. Was certified peer support offered as part of treatment?	137	36%	112	23%
D. If yes to C., were certified peer support services used as a part of treatment?	50	56%	26	69%

FY 2022 charts found an overall increase in individuals receiving MAT for OUD and that these individuals were more likely to use a medication other than methadone than in FY 2021. The largest increase was seen in the use of Suboxone, with a 7% increase from FY 2021 to FY 2022.

Measure IV — Treatment/Support Services/Rehabilitation Services Key Findings

Case management was the most common service observed in the FY 2022 sample at 82%. Group therapy was the second most common service, found in 74% of charts, with individual therapy found in 73% of charts. Consistent with FY 2021, family counseling was not documented in any of the charts reviewed. In charts that documented the provision of individual or group therapy, 40% attended between 0–5 sessions, 11% attended between 6–10 sessions, and 49% attended 11 sessions or more.

In addition to therapy and case management services, 69% of charts indicated the individual was provided education or assistance on accessing self-help or recovery groups. For these individuals, 3% attended between 1–4 self-help/recovery groups during treatment, 4% attended between 5–12 self-help/recovery groups during treatment, 3% attended 13–20 times during treatment, and 19% attended 21 or more self-help/recovery groups. 66% of charts did not contain documentation showing the individual attended self-help/recovery groups.

If an individual demonstrated a lack of progress in meeting their ISP goals, program staff sought out consultation or revised the ISP 54% of the time.

Table 3-27 — MC Treatment/Support Services/Rehabilitation Services

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. The following services were used in treatment:					
• Individual counseling/therapy	137	98	72%	0	71%
• Group counseling/therapy	137	100	73%	0	80%
• Family counseling/therapy	137	0	0%	0	0%
• Case management	137	111	81%	0	74%
B. Was there clear documentation of progress or lack of progress towards the identified ISP goals?	137	116	85%	4	91%
C. The number of completed counseling/therapy sessions during treatment was:					
• 0–5 sessions	133	54	41%	*	29%
• 6–10 sessions	133	15	11%	*	18%
• 11 sessions or more	133	64	48%	*	53%
D. Was the individual given any education on self-help or recovery groups	133	93	70%		New Measure
E. Documentation showed that the member reported attending self-help or recovery groups the following number of times:					
• No documentation	137	90	66%	*	79%
• 0 times during treatment	137	7	5%	*	3%
• 1–4 times during treatment	137	4	3%	*	9%
• 5–12 times during treatment	137	6	4%	*	3%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
• 13–20 times during treatment	137	4	3%	*	3%
• 21 or more times during treatment	137	26	19%	*	4%
F. 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?	81	44	54%	53	30%
G. If the member was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	70	63	90%	64	82%
H. If the member 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?	60	40	67%	70	55%
I. If the member was not involved with a meaningful community activity (e.g., 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?	77	45	58%	54	59%
J. Does the documentation reflect that substance abuse services were provided?	137	123	90%	*	97%
K. Was member's access to a primary care physician (PCP) or other medical provider explored?	137	1087	78%	6	82%

Measure V — Gender-Specific Key Findings

Providers documented 21 women's case files with a history of domestic violence. Of these, only eight contained evidence that a safety plan was completed (38%). This is a decrease from FY 2021, in which 56% of charts contained a safety plan when there was evidence of domestic violence. Providers documented two pregnant women, and care coordination was documented in one file (50%). This is also a decrease from FY 2021, in which 100% of case files for pregnant women contained documentation that supported care coordination with the woman's PCP or obstetrician. Fifty percent of these charts contained documentation that education was provided on the effects of substance use on fetal alcohol development.

This sample included five women that had a child less than one year of age. Three cases had documentation that screening was completed for postpartum depression/psychosis (60%). Twenty-one cases were on females with dependent children, and in 18 of these cases (86%), there was documentation to show that childcare was addressed. Forty-three cases were female, and of that, 24 were provided gender-specific treatment services (56%).

Table 3-28 — MC Gender Specific (Female Only)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	21	8	38%	23	56%
B. If the female was pregnant, was there documentation of coordination of care efforts with the PCP and/or obstetrician?	2	1	50%	42	100%
C. If the female was pregnant; did documentation show evidence of education on the effects of substance use on fetal development?	2	1	50%	42	67%
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?	5	3	60%	38	67%
E. If the female had dependent children, was there documentation to show that childcare was addressed?	21	18	86%	22	100%
F. Was there evidence of gender-specific treatment	42	24	57%	0	23%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
services (e.g., women's-only group therapy sessions)?					

Measure VI — Opioid-Specific Key Findings

Providers identified a diagnosis of OUD in 61% of the cases, a 10% improvement from FY 2021. Of these, 86% were educated on MAT as a treatment option, and 94% of these individuals were referred to a MAT provider. Providers educated individuals 54% of the time on unintentional opioid overdose, naloxone, and steps to take in the event of an overdose, and provided the individual with naloxone or information on how to obtain naloxone 54% of the time.

Table 3-29 — MC Opioid Specific

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	137	82	60%	0	51%
B. Was there documentation that the member was provided MAT education as a treatment option?	82	70	85%	0	81%
C. If yes to VI B, were they referred to a MAT provider?	70	66	94%	8	98%
D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	46	45	98%	39	89%
E. If a physical health concern related to pain was identified, were alternative pain management options addressed?	19	15	79%	67	64%
F. If member is a pregnant female; did documentation show evidence of education about the safety of methadone and/or buprenorphine during the course of pregnancy?	3	1	33%	83	33%
G. Was there documentation that the member was provided	82	44	54%	0	58%

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
with relevant information related to overdose, naloxone education, and actions to take in the event of an opioid overdose?					
H. Was the individual provided with naloxone or information on how to obtain naloxone?	82	44	54%	0	NEW MEASURE
I. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	82	48	59%	0	47%

Measure VII — Discharge and Continuing Care Planning Key Findings

Case review found that 68% of charts contained a relapse prevention plan that was completed for individuals who completed treatment or declined further services, only a 1% change from FY 2021 (69%). Sixty percent of cases had documentation supporting that resources for community support, including recovery, self-help, and other services, were offered.

New to the FY 2022 review, Mercer staff looked at the number of cases in which an ASAM LOC determination was completed at the time of discharge, and if yes, was the individual referred to the clinically indicated LOC. MC providers updated the individual's ASAM level of care in 53% of cases, and 94% of those cases were referred to the new LOC at discharge.

Table 3-30 — MC Discharge and Continuing Care Planning (completed only if member completed treatment or declined further services)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was there documentation present that a relapse prevention plan completed?	103	71	69%	0	69%
B. Was the individual reassessed at the time of discharge using ASAM criteria to determine an appropriate level of care?	103	57	55%	0	NEW MEASURE
C. Was the individual referred to the appropriate level of care based on the ASAM determination?	53	50	94%	46	NEW MEASURE

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
D. Was there documentation that staff offered resources pertaining to community supports, including recovery self-help and/or other individualized support services (e.g. crisis line)?	103	63	61%	0	75%
E. Was there documentation that staff actively coordinated with other involved agencies at the time of discharge?	76	45	59%	26	80%

Measure VIII — Reengagement Key Findings

Overall, MC providers documented reengagement attempts declined from FY 2021 to FY 2022, except for engaging emergency contacts to attempt to reengage individuals in treatment. There was a slight decrease in the percentage of cases in which providers documented calling the individual or legal guardian to follow up after missed appointments. There was a greater decrease in providers reaching out to individuals using a letter to attempt to reengage. No MC providers attempted to complete home visits or street outreach to reengage individuals in treatment.

Table 3-31 — MC Reengagement (completed only if member declined further services or chose not to appear for scheduled services)

	Denominator	# of Yes FY 2022	% of Yes FY 2022	# of N/A	% of Yes FY 2021
A. Was the member (or legal guardian if applicable) contacted by telephone at times when the member was expected to be available (e.g., after work or school)?	70	57	81%	0	89%
B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	66	37	56%	3	75%
C. Were other attempts made to re-engage the individual, such as:					
• Home visit?	6	0	0%	0	0%
• Call emergency contact(s)?	6	1	17%	0	22%
• Contacting other involved agencies?	6	2	33%	0	78%
• Street Outreach?	6	0	0%	0	0%

Measure IX — NOMs Key Findings

Each of the seven MC NOMS for Measure IX is depicted in Tables 3-31 and 3-32. New for FY 2022 was asking individuals whether they were on disability or retired. The denominator is determined and compared for both intake and discharge. Denominators are impacted by missing documentation of status at intake and discharge. Similar to FY 2021, NOMs data appeared to be consistently collected at intake and less consistently collected at discharge.

There was a significant increase in the number of individuals participating in social support recovery at intake versus at discharge, with a 68% increase in participation to 78%, a significant increase over the FY 2021 result of 57% participation in social support recovery at discharge. There was also an increase in individuals abstaining from substance use at intake to at discharge, with a 35% increase to 65%, very similar to the FY 2021 result of 63% abstinence at discharge. Employment status remained basically unchanged, with a 3% decrease from intake to discharge to 41%, a decline over FY 2021 with 59% of individuals employed at discharge.

Table 3-32 — 2022 MC National Outcome Measures

	At Intake			At Discharge		
	Denominator	# Yes FY 2022	% Yes FY 2022	Denominator	# Yes FY 2022	% Yes FY 2022
A. Employed?	133	59	44%	75	31	41%
B. Enrolled in school or vocational educational program?	124	5	4%	72	0	0%
C. On disability or retired?	123	12	10%	71	8	11%
D. Lived in a stable housing environment (e.g., not homeless)?	131	96	73%	83	69	83%
E. Arrested in the preceding 30 days?	122	10	8%	77	4	5%
F. Abstinent from drugs and/or alcohol?	130	37	28%	85	55	65%
G. Participated in social support recovery in the preceding 30 days?	135	12	9%	82	64	78%

Table 3-33 — 2021 MC National Outcome Measures

	At Intake			At Discharge		
	Denominator	# Yes FY 2021	% Yes FY 2021	Denominator	# Yes FY 2021	%Yes FY 2021
A. Employed?	111	53	48%	93	55	59%
B. Enrolled in school or vocational educational program?	105	0	0%	71	0	0%
C. Lived in a stable housing environment (e.g., not homeless)?	112	90	80%	95	86	91%
D. Arrested in the preceding 30 days?	109	2	2%	93	1	1%
E. Abstinent from drugs and/or alcohol?	109	32	29%	84	53	63%
F. Participated in social support recovery in the preceding 30 days?	112	25	22%	75	43	57%

Section 6

Recommendations

Carryover Recommendations from FY 2021 and FY 2022 ICRs

Previous carryover recommendations included monitoring and reviewing the impact that COVID-19 had on treatment access and provision. At the time Mercer staff reviewed charts for FY 2022, the Public Health Emergency (PHE) was set to end, effective May 11, 2023. Charts pulled for the FY 2022 review still reflected that PHE was in place, and Mercer staff observed documentation indicating that provider staff, especially in residential settings, completed COVID-19 testing and were continuing to reinforce social distancing and use of masks when applicable. For the FY 2023 review, it may be beneficial to monitor and review how agencies and programs return to service provision at the end of the PHE, the impact on the use of telehealth in service delivery, and the return to pre-COVID treatment standards (i.e., intensive outpatient programming a minimum of nine (9) hours a week, partial hospitalization programming a minimum of nineteen (19) hours a week.)

1. **Consider formal statistical validation of the ICR Tool for future independent reviews.** As the use of SABG funds continues and additional ICRs are undertaken, AHCCCS could benefit from improved information that allows for year-to-year comparisons of ICR findings. AHCCCS would have the option of performing such validation in-house or leveraging the expertise of consultants trained in the validation of clinical review tools. As an additional option, AHCCCS could consider maintaining consistency in the independent review team that performs the ICR. Such consistency, together with the use of a statistically validated tool, would decrease variability from year to year, and increase the State's ability to compare results and assess large-scale trends within the SUD service system.

    A. Validation of assessment tools is necessary to verify that the tools are valid and reliable, and whether they measure what they are supposed to measure consistently. The process includes identifying content specialists to independently rate the relevance of each item against the specific content. Construct validity is also needed to establish that measures function together to achieve the purpose for which the assessment tool was designed. Steps in the process include:

        i. Planning and formatting of a content validity tool

        ii. Recruitment of content specialists

        iii. Time/resources for analyzing content specialist responses (two or more rounds are sometimes required for content validity and achieving concurrence for content validity)

        iv. Research and collaboration with AHCCCS to establish and implement a mechanism to review construct validity

        v. Making changes to the tool based on the validity test

2. **Consider changes to sampling methodology for future reviews.** As an option in future reviews, AHCCCS should consider increasing validity and reliability by using a more randomized sampling methodology. One method for achieving this would be to have the independent reviewer randomly select the sample cases to be reviewed (from the entire population of files that meet inclusion criteria) and then ask the ACC-RBHAs to supply those specific records. This would add some time to the process (when compared to having the ACC-RBHAs select files to provide), but it would increase confidence in the results and contribute to overall project validity. Mercer has used this sampling methodology in support of the Priority Mental Health Services review, which is conducted annually for AHCCCS. An additional benefit of using this sampling methodology is that the independent reviewer would have the opportunity to stratify the sample and increase the number of cases from small subpopulations that are reviewed (e.g., women, older adults, and transition-age youth). For example, this year's review only captured one additional pregnant woman (three versus last year's two). This small representation within the sample makes it difficult to draw conclusions for this group. By using an appropriate sampling methodology, the independent reviewer could increase the representation of subpopulations in the sample while maintaining the randomness necessary for increased validity and reliability.

3. **Clinical consideration for improved quality of care includes the following considerations:**

    A. **Training and technical assistance on the importance and development of relapse plans at every LOC.** There were several instances where, upon discharge from one LOC to the next, the relapse plan was listed as an activity for the next provider. Relapse plans along an individual's full course of treatment are essential in their recovery.

    B. **Training and technical assistance on the importance of and development of safety plans in cases of domestic violence.** The findings reflected that just over 50% of the women who shared being involved in a domestic violence situation had a documented safety plan. This measure, in particular, has declined year over year for the last three review periods. This is a missed opportunity by the treatment team that could have an impact on that member's level engagement and success in recovery.

    C. **Expand the focus of ICR next year to also target the older adult (aged 55 years and older) population.** With that added goal to increase the percent of older adults (aged 55 and older) who receive treatment in the BH system who are diagnosed as having a SUD, gathering feedback from the ACC-RBHAs and providers on the needs, strengths, and challenges for this age group would be advantageous in crafting specific questions and areas of focus. This feedback could then be utilized to update the ICR tool and process for the next review to better assess performance toward this goal.

    D. **Training and technical assistance on the importance of SDoH in treatment planning and care.** This builds off the recommendation from FY 2020 to encourage the ongoing focus on SDoH in treatment. Providers continue to document SDoH needs in the assessment. However, the SDoH findings are still lagging in the incorporation into treatment to actively work to address individual obstacles to

recovery. Missed opportunities included goals and measurable strategies to address unemployment, housing, transportation, and in light of COVID-19, technology needs.

E. **Training and technical assistance to improve knowledge and skills for work with the justice-involved population.** This could also include an additional focus of the ICR targeted to the management of issues and interventions for justice-involved members, with the added goal to decrease recidivism and improve resocialization post-release to support recovery.

4. **Consider increasing available hours of services to allow individuals to work and still receive treatment.** Allowing for flexible hours to accommodate work schedules could result in improved engagement in some cases. Several of the charts that were closed due to lack of engagement reflected that the reason for loss of contact was due to conflicting work commitments.

5. **Consider additional training in EBPs for substance abuse treatment.** Fifty-six percent of cases utilized CBT, and while an effective treatment modality, other options more specific to substance use may be more efficacious, especially specific options for other groups such as women, pregnant women, the elderly, or those that are LGBTQ+.

New Recommendations from FY 2022 ICR

1. **Consider methods to increase family involvement in treatment.** Family involvement in treatment has been consistently low over the past three years. Many individuals may not be ready to involve family members at the beginning of treatment due to poor relationships as a result of behaviors while using substances, stigma, lack of transportation, or family members may also have their own SUD. Exploring both the reasons for a lack of family engagement and potential solutions, such as the use of technology to engage family members virtually or determine other sources of natural support as part of the treatment process, would assist in developing ongoing support for the member to retain gains made in treatment upon discharge.

2. **Consider methods to coordinate with other agencies upon member discharge.** As noted in the findings, there was a 10% decline in the coordination with other agencies when members were discharged. Individuals utilizing SABG services do not have the same entitlements as individuals receiving Medicaid, and other resources may be difficult to obtain, such as a primary care provider other than a federally qualified health clinic, or housing or employment resources, especially for those with a criminal background. Utilizing peer supports to help identify resources and making warm hand-offs for individuals moving to a lower level of care may be two ways to address the coordination of needs when members discharge from treatment.

3. **Consider methods to incorporate provider staff and member feedback into the ICR process.** This past cycle included focus group sessions following the completion of the ICR. This was a new element to the scope and offered some helpful insight; however, there were some limitations to participation, in particular with members and some provider staff. Going forward a couple options to consider are as follows:

A. ICR held on site at each individual provider. This could help with file transfer issues and delays into a SFTP site as well as allow for scheduled staff and member interview/feedback sessions at the same time.

B. If the ICR process remains the same, consider provider feedback session tours in-person instead of virtual to go to where the staff and members are already present and available to meet and provide feedback. This can be done across all SABG providers or by a sampling of SABG providers at each level of care.

C. Options A and B, would both also have a focus group component for the ACC-RBHAs either in-person or virtual.

Appendix A

Case File Review Tool

Note: Newly added items for the 2022 ICR have been highlighted in yellow.

Substance Abuse Prevention and Treatment

Case File Review Findings for Measure I-IX						
		Denominator	# of Yes	% of Yes	# of N/A	# 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)?					
	7. Document screening for Hepatitis C, HIV and other infectious diseases?					
	8. Document screening for emotional and/or physical abuse/trauma issues?					
	9. Documentation that review of the Prescription Drug Monitoring Program (PDMP) was completed?					

Case File Review Findings for Measure I-IX						
		Denominator	# of Yes	% of Yes	# of N/A	# of No Documentation
	B. Was there documentation that charitable choice requirements were followed, if applicable?					
	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?					
	5. Were social determinants of health issues considered as part of, and incorporated into, the ISP?					
	A. If yes, which domains? I. Access to medical care II. Housing III. Food Insecurity IV. Domestic Violence V. Unemployment VI. Transportation VII. Other					
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:**					

Case File Review Findings for Measure I-IX						
		Denominator	# of Yes	% of Yes	# of N/A	# of No Documentation
	Level 0.5: Early Intervention					
	OMT: Opioid Maintenance Therapy					
	Level I: Outpatient Treatment					
	Level II: Intensive Outpatient Treatment/Partial Hospitalization					
	Level III: Residential/Inpatient Treatment					
	Level IV: Medically Managed Intensive Inpatient Treatment					
	B. Did the member receive the level of services identified by the placement criteria/assessment?					
	C. Were the ASAM dimensions reassessed (with documentation) during the course of treatment?					
	D. Were additional assessment tools (in addition to ASAM or in lieu of) 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					

Case File Review Findings for Measure I-IX						
	Denominator	# of Yes	% of Yes	# of N/A	# of No Documentation
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					
Trauma Recovery and Empowerment Model (TREM)					
Trauma-Informed Care (TIC)					
Wellness Recovery Action Plan (WRAP)					
Other Practices or Programs (please list in box below):					
B. Medication-Assisted Treatment (MAT)					
1. The following medication was used in treatment:					
❖ **Alcohol-Related**					
Acamprosate (Campral)					
Disulfiram (Antabuse)					
❖ **Opioid-Related**					
Subutex (buprenorphine)					
Methadone/Levo-Alpha-Acetylmethadol (LAAM)					
Narcan (naloxone)					
Vivitrol (long-acting naltrexone)					

Case File Review Findings for Measure I-IX						
		Denominator	# of Yes	% of Yes	# of N/A	# of No Documentation
	Suboxone (buprenorphine-naloxone)					
	C. Was screening for substance use/abuse conducted during the course of treatment?					
	D. Was certified peer support offered as part of treatment?					
	If yes to III.I.D, were certified peer support services used as a part of treatment?					
IV	**Treatment/Support Services/Rehabilitation Services**					
	A. The following services were used in treatment:					
	Individual counseling/therapy					
	Group counseling/therapy					
	Family counseling/therapy					
	Case management					
	B. Was there clear documentation of progress or lack of progress toward the identified ISP goals?					
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions					
	6–10 sessions					
	11 sessions or more					
	D. Was there documentation that the member was educated on the use of self-help or recovery groups?					
	E. Documentation showed that the member 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					

Case File Review Findings for Measure I-IX						
		Denominator	# of Yes	% of Yes	# of N/A	# of No Documentation
	F. 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?					
	G. If the member was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?					
	H. If the member 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?					
	I. If the member was not involved with a meaningful community activity (e.g., 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?					
	J. Does the documentation reflect that substance abuse services were provided?					
	K. Was member's access to a primary care physician (PCP) or other medical provider explored?					
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 PCP and/or obstetrician?					

Case File Review Findings for Measure I-IX						
		Denominator	# of Yes	% of Yes	# of N/A	# 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 childcare 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 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 via referral and/or intervention with a medical provider?					
	E. If a physical health concern related to pain 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?					

Case File Review Findings for Measure I-IX						
		Denominator	# of Yes	% of Yes	# of N/A	# of No Documentation
	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 the member provided with naloxone or information on how to obtain naloxone?					
	I. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?					
	Discharge and Continuing Care Planning					
	(completed only if member completed treatment or declined further services)					
	A. Was there documentation present that a relapse prevention plan completed?					
	B. Was there documentation that ASAM Criteria was reassessed at the time of discharge?					
	I. If yes, was the individual referred to the appropriate level of care?					
	C. Was there documentation that staff offered resources pertaining to community supports, including recovery self-help and/or other individualized support services (e.g. crisis line)?					
	D. Was there documentation that staff actively coordinated with other involved agencies at the time of discharge?					
VIII	**Reengagement**					
	(completed only if member declined further services or chose not to appear for scheduled services)					
	The following efforts were documented:					

Case File Review Findings for Measure I-IX					
	Denominator	# of Yes	% of Yes	# of N/A	# of No Documentation
A. Was the member (or legal guardian if applicable) contacted by telephone at times when the member 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 other identified outreach efforts in the box below)					

National Outcome Measures						
	At Intake			At Discharge		
	Yes	No	Missing	Yes	No	Missing
A. Employed?						
B. Enrolled in school or vocational educational program?						
C. On disability or retired?						
D. Lived in a stable housing environment (e.g., not homeless)?						
E. Arrested in the preceding 30 days?						
F. Abstinent from drugs and/or alcohol?						
G. Participated in social support recovery in the preceding 30 days?						

Appendix B

Case File Review Methodology

The methodology for making review determinations is comparable to prior years to promote consistency over the continuum of the SABG periods. The methodology was slightly updated based on consultation with AHCCCS. Review team members used this methodology to perform the primary IRR and review process. This methodology was also used to program the formulas used for the analysis.

Indicator	Instructions
I. Intake/Treatment Planning	
A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	Yes: A comprehensive behavioral health assessment has been performed within 45 days of the initial appointment. No: No comprehensive behavioral health assessment has been performed within 45 days of the initial appointment. No: A behavioral health assessment has been performed within 45 days of the initial appointment but is not present in the file. N/A: No comprehensive behavioral health assessment is present in the file and the case
Did the behavioral health assessment:	
1. Address substance-related disorder(s)	Yes: The assessment addressed substance-related disorder(s) within 45 days of the initial appointment. No: The assessment did not address substance-related disorder(s) within 45 days of the initial appointment.
2. Describe the intensity/frequency of substance use?	Yes: The assessment described the intensity/frequency of substance use within 45 days of the initial appointment. No: The assessment did not describe the intensity/frequency of substance use within 45 days of the initial appointment.
3. Include the effect of substance use on daily functioning?	Yes: The assessment included the effect of substance use on daily functioning within 45 days of the initial appointment. No: The assessment did not include the effect of substance use on daily functioning within 45 days of the initial appointment.
4. Include the effect of substance use on interpersonal relationships?	Yes: The assessment addressed the intensity/frequency of substance use within 45 days of the initial appointment. No: The assessment did not address the intensity/frequency of substance use within 45 days of the initial appointment.
5. Was a risk assessment completed?	Yes: The assessment included a completed risk assessment. The risk assessment may be part of the behavioral health assessment or exist on separate ACC-RBHA- or provider-specific forms. The risk assessment must be completed within the first 45 days of the initial appointment. No: The assessment or file did not include a completed risk assessment or the risk assessment was not completed within 45 days of the initial appointment.

Indicator	Instructions
6. Document screening for tuberculosis (TB)?	Yes: The assessment included documentation of screening for TB. Acceptable documentation includes information on testing, education, referrals for screening and services, follow-up counseling addressing identified services, or an evaluation of history, risk factors, and/or screening tools. The screening must be completed within the first 45 days of the initial appointment. No: The assessment did not include documentation for screening of TB or the documentation was not completed within 45 days of the initial appointment.
7. Document screening for Hepatitis C, HIV and other infectious diseases?	Yes: The assessment included documentation of screening for Hepatitis C, HIV, and other infectious diseases. Acceptable documentation includes information on testing, education, referrals for screening and services, follow-up counseling addressing identified services, an evaluation of history, risk factors, and/or screening tools. No: The assessment did not include documentation of screening for Hepatitis C, HIV, and other infectious diseases.
8. Document screening for emotional and/or physical abuse/trauma issues?	Yes: The assessment documented screening for emotional and/or physical abuse/trauma issues within 45 days of the initial appointment. No: The assessment did not document screening for emotional and/or physical abuse/trauma issues within 45 days of the initial appointment.
9. Document that review of the Prescription Drug Monitoring Program (PDMP) was completed?	Yes: The assessment documented that a review of the PDMP was completed for those clients receiving MAT or other medication services. No: The assessment did not document that a review of the PDMP was completed for those clients receiving MAT or other medication services. N/A: The client was not receiving MAT or other medications as part of SUD treatment services.
B. Was there documentation that charitable choice requirements were followed, if applicable?	Yes: The assessment documented within 45 days of the initial appointment that charitable choice requirements were followed and applicable. No: The assessment did not include documentation that charitable choice requirements were followed when applicable or were not followed within 45 days of the initial appointment. N/A: Charitable choice requirements were not applicable for the provider.
C. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	Yes: An ISP was completed within 90 days of the initial appointment and in the file. Note: an interim ISP is not acceptable documentation for this measure. No: An ISP was not completed within 90 days of the initial appointment or was not contained in the file. N/A: No ISP was completed and the case was closed within 90 days of the initial appointment.

Indicator	Instructions
Was the ISP:	Measures below apply only if there is an ISP completed within 90 days of the initial appointment.
1. Developed with participation of the family/support network?	Yes: There is documentation that the ISP was developed with active input of the client's family/support network. Documentation may include verbal or written efforts to solicit their input. No: There is no documentation that staff tried to seek input from the client's family/support network. N/A: There is no family/support network and/or the client chose not to engage others in the process.
2. Congruent with the diagnosis(es) and presenting concern(s)?	Yes: The scope, intensity, and duration of services offered are congruent with the diagnosis(es). No: The scope, intensity, and duration of services offered are not congruent with the diagnosis(es).
3. Measurable objectives and timeframes to address the identified needs?	Yes: The objectives and timeframes on the ISP are measurable and address the identified needs. No: The objectives and timeframes on the ISP are not measurable and do not address the identified needs.
4. Addressing the unique cultural preferences of the individual?	Yes: The ISP addresses one or more unique cultural preferences of the individual including language, customs, traditions, family, age, gender identity, ethnicity, race, sexual orientation, and socioeconomic class. No: The ISP does not address any cultural preferences of the individual.
5. Were social determinants of health issues considered as part of, and incorporated into, the ISP?	Yes: The ISP addresses one or more social determinants of health issues (e.g., housing, employment, health, etc.). No: The ISP does not address social determinants of health issues. Yes: The specific SDoH that were addressed are noted below. No: The specific SDoH was not addressed. N/A: Does not apply to the individual. • Access to Medical Care. • Access to Dental Care • Housing • Food Insecurity • Domestic Violence • Unemployment • Lack of transportation • Other (please list)
II. Placement Criteria/Assessment	
A. Was there documentation that the American Society of Addiction Medicine (ASAM) dimensions were used to determine the	Yes: An ASAM tool was completed to determine the level of care at intake. A provider-created tool is acceptable. No: No ASAM tool or evidence of an ASAM tool was completed at intake or found in the file.

Indicator	Instructions
proper level of care at intake?	
1. If the ASAM Patient Placement Criteria were used, the level of service identified was:	If an ASAM tool was completed at intake, choose the level of service identified by the tool. At least one level must be chosen. Level 0.5: Early Intervention OMT: Opioid Maintenance Therapy Level I: Outpatient Treatment Level II: Intensive Outpatient Treatment/Partial Hospitalization Level III: Residential/Inpatient Treatment Level IV: Medically Managed Intensive Inpatient Treatment
B. Did the member receive the level of services identified by the placement criteria/ assessment?	Yes: An ASAM tool was completed at intake and the member received the level of services identified by the placement criteria/assessment. No: An ASAM tool was completed at intake but the member did not receive the level of services identified by the placement criteria/assessment.
C. Were the ASAM dimensions reassessed (with documentation) during the course of treatment?	Yes: An ASAM tool was updated and the dimensions reassessed after intake and during the course of treatment. The tool results (level of care) may remain the same as long as it has been reassessed. No: An ASAM tool was not updated after intake/during the course of treatment.
D. Were additional assessment tools (in addition to ASAM or in lieu of) utilized during the course of treatment?	Yes: One or more non-ASAM multi-dimensional placement criteria were used after intake and during treatment. No: No other assessment tool was used after intake/during the course of treatment.
If yes, please list in box below:	List the name(s) of the other assessment tool(s) used during the course of treatment.
III. Best Practices	
A. Were evidence-based practices used in treatment?	Yes: Documentation exists that evidence-based practices were incorporated into treatment. No: No documentation exists that evidence-based practices were used in treatment. No documentation: There is indication that evidence-based practices were used in treatment but not enough documentation available to confirm. For example, the specific treatment intervention was not mentioned in progress notes.
1. The following evidence-based practices were used in treatment:	Select which evidence-based practice were used in treatment. Choose all that apply. Adolescent Community Reinforcement Approach (ACRA) Beyond Trauma: A Healing Journey for Women Cognitive Behavioral Therapy (CBT) Contingency management Dialectal Behavioral Therapy (DBT)

Indicator	Instructions
	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 Trauma Recovery and Empowerment Model (TREM) Trauma-Informed Care (TIC) Wellness Recovery Action Plan (WRAP)
Other Practices or Programs (please list in box below):	Yes: An evidence-based practice not listed in the above question was incorporated into treatment. No: No other evidence-based practice other than those listed above were incorporated into treatment.
Listed other practices/programs	List the name(s) of the other evidence-based practice(s) indicated in the question above.
B. Medication Assisted Treatment (MAT)	Yes: For individuals undergoing substance abuse treatment, documentation exists that MAT was incorporated into treatment. No: No documentation exists that MAT was incorporated into treatment.
1. The following medication was used in treatment:	If MAT was used in treatment, select which alcohol-related medication(s) were used in treatment. Choose all that apply. Acamprosate (Campral) Disulfiram (Antabuse)
	If MAT was used in treatment, select which opioid-related medication(s) were used in treatment. Choose all that apply. Subutex (buprenorphine) Methadone/Levo-Alpha-Acetylmethadol (LAAM) Narcan (naloxone) Vivitrol (long-acting naltrexone) Suboxone (buprenorphine-naloxone)
C. Was screening for substance use/abuse conducted during the course of treatment?	Yes: Documentation exists that screening for substance use/abuse occurred during the course of treatment. No: No documentation exists that screening for substance use/abuse occurred during the course of treatment.
D. Was certified peer support offered as part of treatment?	Yes: Documentation exists that certified peer support (e.g., coaches, peer specialists) was offered as part of treatment. Evidence of certification is not required but the peer support offered should be more formal and less of a social support group. No: No documentation exists that certified peer support (e.g., coaches, peer specialists) was offered as part of treatment.

Indicator	Instructions
	N/A: Peer support was offered to the client and the client declined.
If yes to above, were certified peer support services used as a part of treatment?	Yes: Certified peer support services were offered and were accepted and used. No: Certified peer support services were offered and accepted, but not used.
IV. Treatment/Support Services/Rehabilitation Services	
A. The following services were used in treatment:	Select which service(s) were used in treatment. Choose all that apply. Individual counseling/therapy Group counseling/therapy Family counseling/therapy Case management
B. Was there clear documentation of progress or lack of progress toward the identified ISP goals?	Yes: Documentation of progress or lack of progress toward the identified ISP goals exists in the record. No: No documentation exists that screening for substance use/abuse occurred during the course of treatment. N/A: No ISP exists or services provided are recent but no change in progress is indicated.
C. The number of completed counseling/therapy sessions during treatment was:	Select the number of completed counseling/therapy sessions during treatment. Choose one response only. • 0–5 sessions • 6–10 sessions • 11 sessions or more
D. Was there documentation that the member was educated on the use of self-help or recovery groups?	Yes: The case file showed information was offered. No: The case file showed no documentation of information being provided.
E. Documentation showed that the member reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:	Select the number of instances the client reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.). Choose No Documentation when the client was referred to a group 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
F. 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?	Yes: The case file showed documentation of lack of progress towards the identified goal and evidence that the provider revised the treatment approach and/or sought consultation in order to enact symptomatic improvement. No: The case file showed documentation of lack of progress towards the identified goal but no evidence that the provider revised the treatment approach and/or sought consultation in

Indicator	Instructions
	order to enact symptomatic improvement. N/A: Documentation of symptomatic improvement exists in the file.
G. If the member was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	Yes: The client was unemployed at intake and the case file showed documentation of employment opportunity discussion(s). No: The client was unemployed at intake and the case file did not show documentation of employment opportunity discussions(s). N/A: The client was employed at intake or unemployed but an employment discussion was irrelevant (i.e., client participates in a vocational program or is retired).
H. If the member 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?	Yes: The client was not involved in an educational or vocational training program at intake but involvement in such a program was explored. No: The client was not involved in an educational or vocational training program at intake and the case file did not show documentation of such a discussions. N/A: The client was involved in an educational or vocational training program at intake or not involved but a discussion was irrelevant (i.e., client is employed).
I. If the member was not involved with a meaningful community activity (e.g., 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?	Yes: The client was not involved in a meaningful community activity (e.g., volunteering, caregiving to family or friends, and/or any active community participation) at intake but involvement in such a program was explored. No: The client was not involved in a meaningful community activity at intake and involvement in such a program was not discussed with the client. N/A: The client was involved in a community activity at intake or not involved but a discussion was irrelevant (i.e., client is employed).
J. Does the documentation reflect that substance abuse services were provided?	Yes: Documentation exists that substance abuse services were provided. No: No documentation exists of the provision of substance abuse services.
K. Was member's access to a primary care physician (PCP) or other medical provider explored?	Yes: A discussion about the client's access to a PCP or other medical provider(s) was documented. No: No documentation exists about whether the client's access to a PCP or other medical provider(s) was discussed.
V. Gender Specific (female only)	
A. If there was a history of domestic violence, was there evidence that a safety plan was completed?	Yes: Client is female, a history of domestic violence exists, and documentation of a safety plan is contained in the file. No: Client is female, a history of domestic violence exists, but no documentation of a safety plan is contained in the file. N/A: Client is female but a history of domestic violence does not

Indicator	Instructions
	exist.
B. If the female was pregnant, was there documentation of coordination of care efforts with the PCP and/or obstetrician?	Yes: Client is a pregnant female and documentation exists showing efforts at coordination with the client's PCP and/or obstetrician. No: Client is a pregnant female and documentation does not exist showing coordination with the client's PCP and/or obstetrician. N/A: Client is female but not pregnant.
C. If the female was pregnant; did documentation show evidence of education on the effects of substance use on fetal development?	Yes: Client is a pregnant female and documentation exists showing client was educated on the effects of substance use on fetal development. No: Client is a pregnant female and documentation does not exist showing client was educated on the effects of substance use on fetal development. N/A: Client is female but not pregnant.
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?	Yes: Client is a female with a child less than one year of age and documentation exists showing a screening was completed for postpartum depression/psychosis. No: Client is a female with a child less than one year of age and no documentation exists showing a screening was completed for postpartum depression/psychosis. N/A: Client is female but does not have a child less than one year of age.
E. If the female had dependent children, was there documentation to show that childcare was addressed?	Yes: Client is a female with dependent children and documentation exists showing that childcare was addressed. No: Client is a female with dependent children but no documentation exists showing that childcare was addressed. N/A: Client is female with no dependent children.
F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	Yes: Client is a female and documentation exists showing female-specific treatment services were offered and/or provided (i.e., women's-only group therapy sessions, female peer support). No: Client is a female but no documentation exists showing female-specific treatment services were offered and/or provided. N/A: Client is female and turned down female-specific services.
VI. Opioid Specific	
A. Was there documentation of a diagnosed Opioid Use Disorder (OUD)?	Yes: Documentation exists showing client had an OUD diagnosis. No: No documentation exists showing an OUD diagnosis.
B. Was there documentation that the member was provided MAT education as a treatment option?	Yes: Client has a documented OUD diagnosis and documentation exists showing client was offered MAT education. No: Client has a documented OUD diagnosis but no documentation exists showing client was offered MAT education.

Indicator	Instructions
C. If yes to VI B, were they referred to a MAT provider?	Yes: Client has a documented OUD diagnosis and documentation exists showing client was offered MAT and referred to a MAT provider. No: Client has a documented OUD diagnosis and documentation exists showing client was offered MAT but was not referred to a MAT provider. N/A: Client has a documented OUD diagnosis and documentation exists showing client was not offered MAT.
D. If withdrawal symptoms were present, were they addressed via referral and/or intervention with a medical provider?	Yes Client has a documented OUD diagnosis and documentation exists showing client had withdrawal symptoms that were addressed by referral and/or intervention by a medical provider. No: Client has a documented OUD diagnosis but no documentation exists showing client's withdrawal symptoms were addressed by referral and/or intervention by a medical provider. N/A: Client has a documented OUD diagnosis but no withdrawal symptoms.
E. If a physical health concern related to pain was identified, were alternative pain management options addressed?	Yes: Client has a documented OUD diagnosis and documentation exists showing client received alternative pain management options for an identified physical health concern related to pain. No: Client has a documented OUD diagnosis and documentation exists showing client had an identified physical health concern related to pain but did not receive alternative pain management options. N/A: Client has a documented OUD diagnosis but no pain-related physical health concerns.
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?	Yes: Client is a pregnant female with a documented OUD diagnosis and documentation exists showing client received education about the safety of methadone and/or buprenorphine during the course of pregnancy. No: Client is a pregnant female with a documented OUD diagnosis but no documentation exists showing client received education about the safety of methadone and/or buprenorphine during the course of pregnancy. N/A: Client has a documented OUD diagnosis but is not a pregnant female.
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?	Yes: Client has a documented OUD diagnosis and documentation exists showing client received relevant information related to overdose, naloxone education, and actions to take in the event of an opioid overdose. No: Client has a documented OUD diagnosis but no documentation exists showing client received relevant information related to overdose, naloxone education, and actions to take in the event of an opioid overdose.
H. Was the member provided	Yes: The case file contains evidence that the member was provided

Indicator	Instructions
with naloxone or information on how to obtain naloxone?	with naloxone or information on how to obtain naloxone. No: The case file does not contain evidence that the member was provided with naloxone or information on how to obtain naloxone.
I. Was there documentation that the member was provided education on the effects of polysubstance use with opioids?	Yes: Client has a documented OUD diagnosis and documentation exists showing client received information on the effects of polysubstance use with opioids. No: Client has a documented OUD diagnosis but no documentation exists showing client received information on the effects of polysubstance use with opioids.
VII. Discharge and Continuing Care Planning	
A. Was there documentation present that a relapse prevention plan completed?	Yes: Client completed treatment or declined further services and documentation of a completed relapse prevention plan exists. No: Client completed treatment or declined further services but no documentation of a completed relapse prevention plan exists.
B. Was there documentation that ASAM Criteria was reassessed at the time of discharge?	Yes: The case file contains evidence that ASAM Criteria was reassessed at the time of discharge. No: The case file does not contain evidence that ASAM Criteria was reassessed at the time of discharge.
1. If yes, was the individual referred to the appropriate level of care?	If the answer to B is yes, review the case file to see if the individual was referred to the appropriate level of care based on the ASAM determination. Yes: Evidence that the individual was referred to the appropriate level of care is present in the case file. No: Evidence is not present that the individual was referred to the appropriate level of care in the case file. N/A: If the answer to B is no.
C. Was there documentation that staff offered resources pertaining to community supports, including recovery self-help and/or other individualized support services (e.g. crisis line)?	Yes: Client completed treatment or declined further services and documentation exists that staff offered at least one resource pertaining to community supports, including recovery self-help, and/or other individualized support services (e.g. crisis line). No: Client completed treatment or declined further services but no documentation exists that staff offered at least one resource pertaining to community supports, including recovery self-help, and/or other individualized support services (e.g. crisis line).
D. Was there documentation that staff actively coordinated with other involved agencies at the time of discharge?	Yes: Client completed treatment or declined further services and documentation exists that staff actively coordinated with other involved agencies at the time of discharge. No: Client completed treatment or declined further services but no documentation exists that staff actively coordinated with other involved agencies at the time of discharge. N/A: Client completed treatment or declined further services and there were no other involved agencies at the time of discharge.

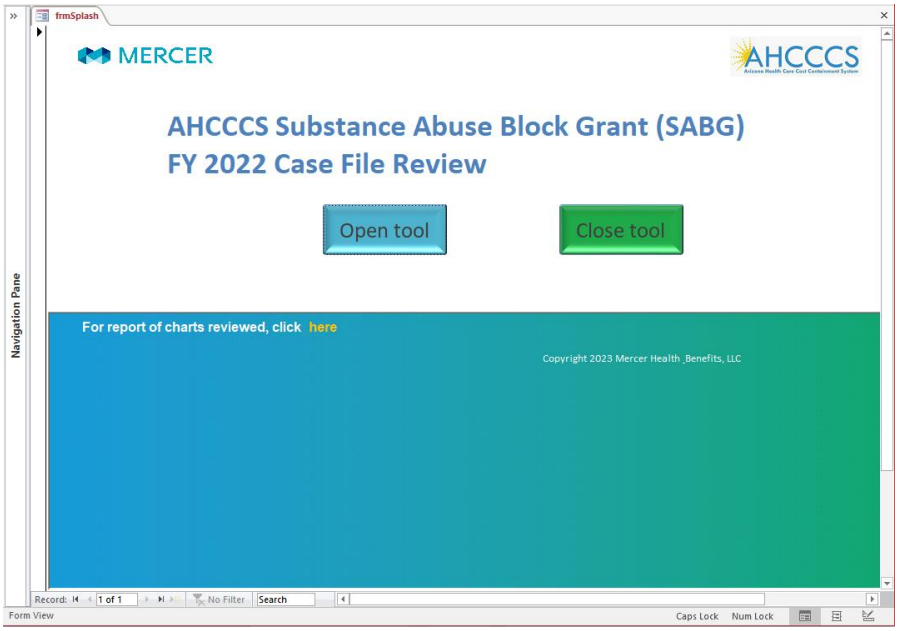
Indicator	Instructions
VIII. Reengagement	
A. Was the member (or legal guardian if applicable) contacted by telephone at times when the member was expected to be available (e.g., after work or school)?	Yes: Client declined further services or chose not to appear for scheduled services and documentation exists that the client (or legal guardian) was contacted by telephone at times when the client was expected to be available (e.g., after work or school). No: Client declined further services or chose not to appear for scheduled services but was not contacted by telephone at times when the client was expected to be available (e.g., after work or school).
B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	Yes: Client declined further services or chose not to appear for scheduled services and documentation exists that telephone contact was unsuccessful but a letter was mailed requesting contact. No: Client declined further services or chose not to appear for scheduled services and documentation exists that although telephone contact was unsuccessful, no letter was mailed requesting contact. N/A: Client declined further services or chose not to appear for scheduled services and documentation exists that client was contacted successfully through means other than a telephone call or letter.
C. Were other attempts made to reengage the individual, such as:	Yes: Client declined further services or chose not to appear for scheduled services and documentation exists that the following attempts at reengaging were made. Select all that apply. - Home visit - Call emergency contact(s) - Contacting other involved agencies - Street Outreach - Other N/A: Other means of reengagement not listed above were successful or not applicable to the client.
Other, please list other identified outreach efforts in the box below	List other identified outreach efforts.
IX. National Outcome Measures (NOMs)	
A. Status at Intake	Yes: For each NOM, client's status at intake. - Employed? - Enrolled in school or vocational educational program? - Lived in a stable housing environment (e.g., not homeless)? - Arrested in the preceding 30 days?

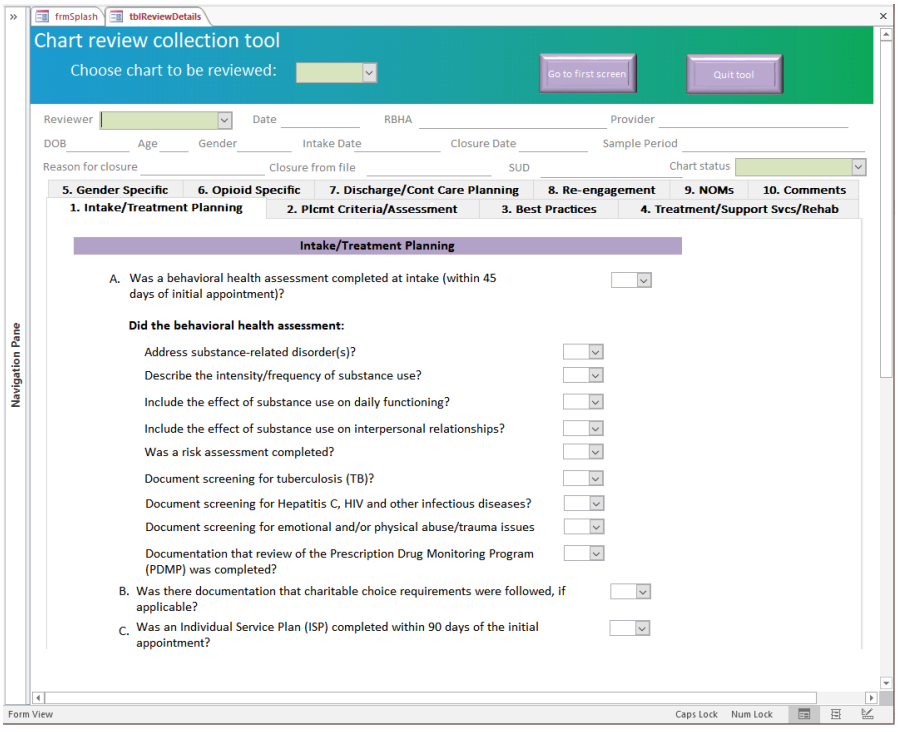
Indicator	Instructions
	- Abstinent from drugs and/or alcohol? - Participated in social support recovery in the preceding 30 days? Missing: No documentation of the NOM at intake
B. Status at Discharge	Yes: For each NOM, client's status at discharge. - Employed? - Enrolled in school or vocational educational program? - On disability or retired? - Lived in a stable housing environment (e.g., not homeless)? - Arrested in the preceding 30 days? - Abstinent from drugs and/or alcohol? - Participated in social support recovery in the preceding 30 days? Missing: No documentation of the NOM at discharge.

Appendix C

Case File Electronic Review Tool

Reviewers used an Access review tool pre-populated with relevant chart data. Below are sample screen shots of the tool.





Appendix D

Stakeholder Findings

Focus Groups

Mercer organized nine focus groups to follow up on questions after survey administration and facilitated discussions with stakeholders regarding strengths and opportunities in the AHCCCS SUD delivery system. The focus group sessions were facilitated for ACC-RBHA staff, SUD providers, and members. Unique to the member focus groups was the limited number of participants. Although the feedback received is summarized below in this appendix, this is an area of potential improvement for future focus groups by expanding the outreach for participation to different advocacy groups and providers to solicit focus group members as well as considering on-site, in-person availability at the provider agencies directly. Mercer staff prepared outreach material to engage interested participants for providers, members, and ACC-RBHA staff. Each focus group had a minimum of four participants. The provider groups were sorted by the ACC-RBHA in which they were enrolled. The focus groups were facilitated by two Mercer consultants, with notes of each focus group call collected and transcribed for analysis. The goal of the focus groups was to involve SUD staff and stakeholders to better understand what is currently working and identify opportunities for growth in the SUD service array.

Specific to the member focus groups and in an effort to further enhance member voice, AHCCCS requested Mercer conduct additional member focus groups (totaling four) to ensure member specific perspectives were included in the stakeholder qualitative process.

A variety of outreach and engagement processes were implemented for the member interviews. Outreach efforts included:

- Developing member-facing marketing materials
- Contacting each ACC-RBHA to coordinate logistics and circulate flyers
- Contacting SABG providers and peer-run organizations by email and phone to circulate flyers and engage members to participate
- Confirming times and locations of interviews (influenced and recommended by local peer run organizations)
- Completing outreach calls to staff at the three peer-run organizations prior to the on-site forums
- Including virtual options at each location for members unable to meet face to face

A key questions interview format was used for the focus groups. Each session had a list of questions that provided the opportunity for feedback on the SUD treatment process and addressed questions arising from the ICR findings. Objectives and questions for focus groups were outlined to provide consistency among interviewers for focus groups. After an introduction by Mercer, the following topic areas were posed as questions to each focus group and tailored based on the focus group demographic:

1. What are the most significant changes in SUD treatment services that have improved treatment access, treatment completion, and outcomes in the last three (3) years? What are opportunities to change/improve the current SUD service system?
2. What are new tools and/or services that you think are needed to improve treatment access, assessment, treatment completion, and outcomes? What tools are currently being used?
3. What practices or interventions are the most useful to individualize treatment plans to address the unique needs of each participant and their cultural preferences?
4. Were there any tasks or situations that weren't addressed due to a lack of resources?
5. What would you change about the SUD assessment, treatment, and discharge process?
6. How can the SUD system work together better to provide SUD services to the uninsured and underinsured?

Stakeholder Engagement Common Themes

Across all stakeholders that engaged during the listening sessions, there were several shared and common themes to consider targeting to improve the SABG service system. Mercer recommends tracking these areas across future SABG reviews to not only determine what changes have been made but to also to determine the impact any changes might have on service access and quality:

Transportation

Both SUD providers and ACC-RBHAs indicated that transportation poses a barrier to individuals fully and consistently participating in treatment. Individuals that access non-emergency medical transportation (NEMT) often experience long waits that make participating in other life activities (e.g., work, school, child care, etc.) difficult at best. For individuals living in areas where they cannot access NEMT, and there is no public transportation system to access, they are dependent on patching together rides with friends and family. Even with telehealth being an option, it was noted that a hybrid approach to treatment, that allows the blending of in-person and telehealth, seems to be most effective in engaging and retaining people in treatment.

Family and Natural Support Engagement

Both groups also agreed that engaging family and natural supports in treatment can be a critical component to entering into and sustaining recovery. A barrier to consistently engaging family support can be the inability to bill for any of the services and supports provided to family members. Dedicating staff time to consistently outreach, engage, and provide psychoeducation to family and natural supports requires a way to bill for those services as they are rendered, which also requires providers to consistently document the duration and nature of the family support they are providing. Providers did consistently indicate that if there was guidance on service expectations for family members/natural supports, and a way to receive reimbursement for services provided to family members, they would be able to more consistently provide these services, and the documentation would better reflect the interventions provided.

Evidence-Based Practices

Again, both groups agreed that using evidence-based practices that reflect the unique needs of the population served is important. Both groups were able to identify current gaps in population-specific, evidence-based practices that could benefit the communities they serve. Providers indicated many evidence-based practices require training on the specific model that also includes ongoing technical assistance. They also discussed the benefits of ongoing technical assistance after completing training. Finally, staff also indicated that the high level of turnover of staff with advanced training has made sustaining evidence-based practices difficult.

ACC-RBHA Focus Group

Mercer conducted one focus group with the ACC-RBHAs. There were 20 participants, and as part of the opening remarks, the group was asked what they hoped to get out of the discussion. Participants described this process as an opportunity to collaborate in an open forum to share system perspectives. The group wanted to learn about strengths, barriers, and opportunities from each geographic location. Participants expressed that feedback from each plan can impact the efficacy and efficiency of the SABG process and program. The group stated they are committed to making necessary changes to improve the lives of the members receiving services.

Strengths

State-level Support for SABG Services

Participants highlighted many strengths of the current SABG treatment system contributing to Arizona's strong System of Care, including the support from the State and a competent workforce that cares about their work and members. The group expressed State regulators outlined clear eligibility guidance and communication regarding the conditions of the grant, which resulted in members having access to care, getting care, and experiencing minimal gaps in care due to the specificity of the enrollment criteria. These observations were supported in the charts reviewed by Mercer, as 91% of charts contained evidence that substance use treatment was provided. Providers also felt that the State and AHCCCS were supportive of SABG services.

Community Engagement and Involvement

Strong community education and outreach with schools, reentry programs, the justice system, and residential providers from both treatment and prevention perspectives supported collaboration and helped strengthen community partnerships.

Use of Evidence-Based Practices

Participants felt the implementation of EBPs and strong clinical oversight have impacted access, treatment completion, and outcomes over the last several years. Chart review also supported this, as the number of charts where an EBP was used increased from FY 2021 to FY 2022. The adoption of harm reduction approaches, use of telehealth, and flexibility with methadone dosing also contributed to better outcomes.

Opportunities

Several opportunities to improve the program were noted by participants such as ensuring member care and treatment planning is built from a holistic approach.

Family and Natural Support Engagement

Family engagement, support, and inclusion, particularly exploring strategies to increase the utilization of peer support services and strengthening partnerships with family-run organizations, was noted by focus group participants as a top priority throughout the entire discussion. Participants felt providing psychoeducation to family and natural support that could combat stigma and dispel myths about addiction could enhance family and natural support engagement in treatment. This was also supported by the chart review, which found very few occurrences of family or natural support engagement. Individuals did routinely identify family members or natural supports that were aware of their substance use and supportive of treatment, but Mercer did not observe these resources leveraged in treatment planning or treatment delivery documentation.

Expansion of Evidence-Based Practices

Although the use of evidence-based practices is noted as a strength above, EBPs were largely limited to those that are not specialized to population-specific needs, like CBT or DBT. Specialized services for specific populations (i.e., women's services, including childcare, homeless members connection to law enforcement, veterans, LGBTQ+, etc.), the expansion of MAT services (mobile MAT), identifying gaps in services (adolescent residential services, withdrawal management), and incorporation of additional aftercare options were recommended by the ACC-RBHA participants as additions for the continuum of care for members. Participants agreed an educational component is also important to consider, such as general addiction psychoeducation, as well as education that helps provider staff understand relapse and how to incorporate possible return-to-use episodes into treatment. Participants also indicated that standardized strengths-based screening tools, expansion of harm reduction interventions, and best practices for treating co-occurring mental health and substance use disorders would support service improvement.

Transportation

Transportation was noted as a barrier to receiving care throughout the discussion and was also an issue found in the chart reviews.

SABG Provider Onboarding

Specific tools and supports needed to improve the quality of services included more education for providers on the SABG process and procedures (how outpatient clinics access and bill SABG funding). To better streamline information and expectations, participants expressed the Relias portal should be considered as an onboarding mechanism for new SABG providers. As part of the onboarding of SABG providers, a bill set and codes which cover each provider type would be helpful.

Provider Focus Groups

Telehealth

Providers found that telehealth was especially useful in keeping individuals engaged in treatment during the PHE. It was noted that telehealth continues to be useful to reach members, especially those in rural areas or with children who have difficulty attending treatment due to a lack of childcare. Although in-person care was noted to be preferable to virtual care, many providers felt that a hybrid model that offers both in-person and virtual options is beneficial to ensure access and compliance with treatment. Treatment attendance, adherence, access, and continuity were all noted to have improved with telehealth.

In some cases, providers shared that there were also infrastructure issues in putting telehealth into place. One provider had done fundraising to purchase tablets to give to members to allow them to access services. In some rural areas, providers flagged that there were Wi-Fi deserts where access is not available. Some providers have set up telehealth rooms in their facilities so that members can access both physical and behavioral health providers via telehealth from the SUD provider office.

Transportation

Transportation was universally shared by providers as being a barrier to treatment. Transportation available from the ACC-RBHAs was characterized by the focus group members to be unreliable, sometimes arriving after a member's appointment, causing them to miss services and medication dosing.

Housing

Providers flagged a lack of sober housing as another barrier to treatment. Chronic homelessness and housing stability present as one of the major SDoH that is a barrier to treatment. Providers also expressed concern about some predatory transitional housing providers that have opened residences in Arizona that either are charging too much to the recipient or are not providing a safe living environment for recovery, allowing the use of substances on site or requiring the resident to perform employment-like tasks, such as repairs, preventing them from pursuing competitive employment. One other housing opportunity of note was for pregnant women, as several providers felt there were not enough resources for women with infants to have safe housing after giving birth to effectively treat the member post-birth.

Workforce Shortages

Many providers shared that a shortage of available workforce within their organizations is a challenge. Higher salaries are available in the private sector, making the public sector less attractive for qualified staff. Providers across all organizations noted there has not been a rate increase since 2013. In addition, if providers invest in staff and have them trained in a best practice, their investment is lost when the staff then leaves and goes to a private sector position.

Best Practices

Integrated care was flagged by several providers as a best practice they are working toward but are having difficulty achieving due to workforce shortages and lack of available resources for the uninsured.

Several providers reported that increased trauma-informed care was being utilized, but only after the member had stabilized on practices such as CBT, DBT, and EMDR and was ready to cope with trauma. Wellbriety, a practice designed for working with tribal populations, was also a model several providers described as a good resource for working with tribal members.

It was noted by providers that the increased use of Sublocade has led to increased compliance of treatment with MAT. It was also noted that the expanded use of telehealth allows for some of the initial assessment to be done by telehealth to get someone started on MAT and have more frequent contact and better results.

One opportunity identified by providers was the use of MAT when individuals first enter treatment and have been using fentanyl. Providers indicated it takes longer for individuals using fentanyl to stabilize, and they often drop out of treatment early because of the withdrawal symptoms, often within 30 days before there has been an opportunity to engage in individual treatment or begin addressing any SDoH. Providers further said the increasing use of xylazine, often without the member's knowledge as it may be laced into other drugs, is a major challenge because it is a very painful detox process, and many members do not complete the detox before relapsing or achieving any level of care. Providers suggested that a focus on best practices for individuals using this relatively new drug of choice may determine ways to improve retention and treatment outcomes.

An additional suggestion by provider group members to promote better outcomes was to initiate value-based payments to providers. Measures put forth by providers included a decrease in admission to crisis services and emergency department services as well as increased family engagement. One barrier to family treatment noted was that providers are not reimbursed for psychoeducation and working with the families, and value-based payments may be one method to address the payment barrier.

Criminal Justice

Providers shared that communication has improved between treatment providers and the criminal justice system. One positive change of note is the accessibility of MAT in some criminal justice facilities as well as access to engaging individuals prerelease to help them to transition upon returning to the community. In addition, improved communication with parole and probation officers has led to improvements in treatment and outcomes, providing external motivation in some cases and allowing the provider and parole or probation officer to work toward a person-centered treatment plan inclusive of the member's goals. Specialty courts have also been much more collaborative in funneling people into treatment instead of incarceration, allowing for more positive long-term outcomes. One provider stated that 24/7 care and naltrexone are both more and more available in the Department of Corrections, and the State has increased advocacy for treatment both in and out of incarcerated settings.

Administrative Burden

The assessment process was expressed by provider focus group members to be a burden for both providers and members. Providers complete the assessment, the ASAM level of care, and the ISP during intake which can take several hours to complete. Providers stated that although they have additional time to complete the assessment and ISP, they complete them all at once as they do not get paid for the assessment if the individual does not return.

Another administrative issue noted by providers was denials from the ACC-RBHAs for members that have failed in treatment previously and later seek to reengage. The process of recovery may lead to relapse and reentry, but providers felt that the ACC-RBHAs are not always educated on the recovery process and denied treatment requests for members ready to reengage because of prior failed treatment attempts. Providers also shared that the ACC-RBHAs are not always educated on the availability and eligibility of block grant funds and do not make referrals for members who could qualify for services under the block grant funding stream. Education for the ACC-RBHAs about the block grants, such as services provided by block grant funding and qualifications for member eligibility, was suggested by providers as one potential opportunity.

Providers also felt that translation services present a barrier to effective treatment. More sophisticated language translation programs are available, but not approved for use. At times, other family members, such as children, are used for translation purposes during treatment, which is not ideal, but may be the only way to communicate during a treatment session if the member does not speak English.

One provider suggested a universal Release of Information (ROI) be utilized to allow for greater access to collateral contacts. A universal ROI would allow for the ability to develop synergy with the other parts of the system impacting the member, including the Department of Corrections, housing, other providers, and other resources. Increased connectivity would allow providers to better serve members across the spectrum of their needs and result in better outcomes.

One positive finding was that despite some difficulty with submitting claims, the ACC-RBHAs have been working with the providers to help identify and solve claiming issues to improve the billing and payment process. Additionally, providers flagged that being able to provide subacute care under the SABG has been an improvement, allowing treatment of subacute care and transition to other levels of care within the same provider, thus decreasing the chance that a member will fail to receive ongoing treatment due to transferring between providers in the early stages of treatment. Waiting lists have also been established, and the ACC-RBHAs have become more nimble with funding, reallocating funds where needed to ensure funds are available where the member need exists.

Member Focus Groups

Strengths

Overall, members reported being *very satisfied* with the organization/program, *satisfied* with their own recovery, *and somewhat satisfied* with their current stage of change. Members expressed a deep sense of gratitude to AHCCCS for the SABG grant and the financial burden that was lifted after enrollment. One husband and wife (both receiving SABG grant

funds) stated they were able to save $500 per month of out-of-pocket costs for methadone. Eliminating the financial burden of MAT helped members to continue with services. Common themes and topics were identified throughout the interview process. Members were also able to articulate program barriers and opportunities for program improvement.

Person-Centered Treatment Planning

All members interviewed at the MAT clinic and at the residential treatment program reported having treatment plans and being involved in their development and were able to articulate sobriety as the main goal within their treatment plan. The majority of members at the MAT clinic reported dosing was the main focus of each interaction with staff Staff checked in with members and routinely asked how things were going; the response was similar, members reported they were “good.”

Harm Reduction

All members reported having an opioid addiction and were dosing daily. The majority of members reported a decrease in opioid use once enrolled in MAT and taking methadone and reported feeling a sense of pride and accomplishment for doing so. For example, at least four members reported their use went from approximately 100 fentanyl pills a day to a few pills in a week. The Phoenix clinic focused on harm reduction, which recognizes that people often resort to using drugs to cope with difficult feelings, depression, loss, or other problems in their lives. This approach acknowledges that relapse is a natural part of the process of changing behavior and an opportunity for learning behaviors that could prevent future use, and also did not require abstinence to initiate or continue receiving treatment. Members indicated that Phoenix clinic staff practiced from a harm reduction approach because staff did not restrict their access to MAT if they had a positive urine drug screen and that they had not been denied services because of substance use.

Family and Natural Supports Included in Treatment Process

About half of the members reported family members or other natural supports were informally included in their treatment. This meant family members or friends were aware of treatment and treatment goals but were not formally included in any of the appointments. These members reported their relationships with family members have improved; one member stated that talking about their treatment with family member contributed to a stronger connection. The other half of members were not comfortable including anyone in their treatment as they did not want to be any kind of burden.

Opportunities

Supporting Opportunities for Member Engagement in the ICR Process

Including member voice in the ICR process is a critical step in obtaining information on assessment, treatment planning, and discharge planning/care coordination supports provided by SABG providers. While on site, Mercer staff heard from members and providers that they appreciated and valued the opportunity to talk about their experience receiving SABG-funded services to share both the positive experiences they had as well as opportunities for improvement. They understood the importance of member voice being represented in the ICR process. Members and providers did identify some barriers to

participating in the member forums, and many provided ideas that could improve the process in the future.

Some specific options identified by providers and participating members during the additional member focus group engagement efforts include:

- Exploring the ability to offer an incentive for members to participate
- Considering formal outreach to provider directors to encourage or require participation
- Holding the meetings in the evening instead of during the day may allow individuals who work to participate
- Holding provider and member sessions at a designated location, or virtually by region, and setting up in-person drop-in hours at provider locations
- Developing and distributing an online survey to be distributed by peer-run organizations
- Engaging current substance use peer support specialists that have accessed SABG-funded substance use services in the past
- Developing an online survey to be distributed to members transitioning from SABG-funded services to Medicaid funded services

Review Treatment Goals Regularly and Address All Clinical and Health-Related Social Needs (HRSN) Domains

During the interview process, Mercer staff asked members if they had a treatment plan, and if yes, what goals were included in their current treatment plan. A majority of members indicated they did have a treatment plan, and the only goal they could remember addressed receiving methadone and focusing on sobriety, while other supports and services, including HRSN, were not specifically addressed or regularly discussed.

When asked if they were receiving any additional counseling services (individual or group), peer supports, or any assistance with HRSN, a majority of members indicated they had not been asked about and were not receiving additional services. There was one exception, a member did indicate that program staff had helped them find housing, and that they were receiving weekly individual therapy. At least two members indicated that they could be at a point in their recovery where individual counseling sessions (more frequently than monthly) could be beneficial, although they were unsure of how to approach this subject with program staff, in part, due to stigma around therapy and counseling services.

All members understood the potential value of peer support services, but no one indicated they were receiving peer supports. One member did indicate they believed that all staff at the facility they received services at were people with lived experience, but they did not indicate that they were receiving intentional peer support services as part of their treatment plan. Most members agreed that it would be beneficial to receive peer support services during their recovery journey, although no one was able to confidently say peer supports were part of their treatment plan.

Primary Care/Medical Needs

Some members reported that getting connected to a primary care doctor would be helpful, although primary care was not discussed or included in the treatment planning process. Male members expressed wanting support in addressing physical health needs. The two female members interviewed did not bring this need up. One member wanted to explore titrating medication but stated fear of withdrawal and mistrust with both the system and doctors was preventing him from seeking care.

Flexible Dosing Hours of Operation

All members were employed and had their own transportation; however, clinic hours were seen as a barrier due to work schedules and childcare. Members describe getting to the clinic by 6 pm as a challenge, and they are always rushing to make the deadline. One member was delayed due to a traffic accident and unable to dose. This member reported never missing a dose in an entire year and arrived only a few minutes late; he suggested the clinic should review incidents on a case-by-case basis. Other members described the stress and frustration while driving; they feel rushed to make it to the clinic by 6 pm.

Stakeholder Engagement Summary

All stakeholders (RHBAs, providers, and member) expressed gratitude to AHCCS for providing access to SABG funding to support the provision of substance use services to individuals that are uninsured or underinsured. There was also agreement that providers have consistently identified and used best practices in the substance use field.

An area of opportunity that was identified by all stakeholder groups was transportation and access to services. Providers and RHBA staff identified a lack of transportation as a significant barrier for individuals engaging in treatment. Even when members do have access to transportation (all members interviewed at the Phoenix clinic had their own vehicles), it can be difficult to access treatment due to the commute and limited hours of operation.

An additional area of opportunity for consideration is treatment that addresses the whole person, to include HRSN, and how this should be integrated into treatment planning best practices.

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