



**Regional Behavioral Health Authority (RBHA)**  
**Instructions for Completing the**  
**Adolescent Substance Abuse Program Review Tool**

The *Adolescent Substance Abuse Program Review Tool* is designed to determine if Level I Residential Treatment Centers (RTC), Level II Residential Treatment Facilities and Intensive Outpatient Programs (IOPs) are providing services consistent with the service expectations outlined in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Practice Protocol *Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents*.

Reviews of each RTC, Level II Residential Treatment Facility, or IOP providing adolescent substance abuse treatment should be conducted at a minimum of once annually. The RBHA should have a minimum of one Quality Management and one Clinical Operations representative conduct these reviews.

The review tool is comprised of two parts, a chart review and an interview with the program's clinical lead. Only one interview with the clinical lead needs to be conducted for each provider. The sample for the chart review should be comprised of at least three children/youth currently receiving substance abuse treatment as well as at least one child/youth who has completed the program or who was discharged from treatment within the past six months.

At the beginning of the *Adolescent Substance Abuse Program Review Tool* is a demographic section the reviewer must complete. Date of Discharge may be indicated Not Applicable (N/A) if the child/youth is still in the program at the time of the review.

Part 1 of the *Adolescent Substance Abuse Program Review Tool* is a chart review which evaluates eight components related to providing quality care for children/youth receiving substance abuse services:

- Screening and Assessment
- Comprehensive, Integrated Treatment Approach
- Family and Youth Involvement in Treatment
- Developmentally Appropriate Treatment
- Gender and Cultural Competence
- Engage and Retain Adolescents in Treatment
- Treatment Outcomes
- Continuing Care

Most questions in this section can be answered with a Yes or No response; Not Applicable (N/A) is available for some questions. Most of the questions also provide an opportunity for the reviewer to add comments to their answers. The comment section can be used to clarify answers or note any unusual factors or circumstances associated with the questions.

Part 2 of the *Adolescent Substance Abuse Program Review Tool* involves an interview with the program's clinical lead. Only one of these interviews needs to be completed per program reviewed. This interview consists of ten open-ended questions.

## **Completing the RBHA Quarterly Protocol Monitoring Report**

Results from each program reviewed during a quarter must be compiled using the *RBHA Quarterly Protocol Monitoring Report: Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents* and submitted to ADHS/DBHS on a quarterly basis. These quarterly reports will be utilized to monitor each program's adherence to the required elements in the ADHS/DBHS Practice Protocol *Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents*.

Each program reviewed should be listed along with the date of the review and the number of clinical files reviewed. Quantitative results are tabulated as the percentage of total "yes" responses for all of the questions under each of the eight components. For example, under the first component *Screening and Assessment*, there is a potential of 7 total "yes" responses. Therefore, the percentage of total "yes" responses under this component would be calculated as:

$$\frac{\text{Total number of "yes" responses on all clinical files reviewed} \times 100}{\text{Total number of charts reviewed} \times 7}$$

Qualitative results should be listed as strengths and areas identified for improvement for each program.

Finally, RBHA-level trends, barriers, and improvement efforts for Adolescent Substance Abuse Treatment Programs should be documented in the table provided.

Completed monitoring reports should be submitted by the 15<sup>th</sup> day after the end of the quarter to the following:

ADHS/DBHS  
Attn. Karla Schaff  
150 N 18<sup>th</sup> Avenue, Suite 220  
Phoenix AZ 85007-3228  
(or electronically to: [SCHAFFK@azdhs.gov](mailto:SCHAFFK@azdhs.gov))

Please attach copies of the review tools completed during the quarter. This information will be provided to the ADHS/DBHS Utilization Management Department.

## Adolescent Substance Abuse Program Review Tool

Provider (name of site): \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Review Date: \_\_\_\_\_

Date of Discharge (if applicable): \_\_\_\_\_

Reviewers: \_\_\_\_\_

### PART 1: Chart Review (complete one form for each adolescent)

<b>I. Screening and Assessment</b>	Yes	No	N/A	Comments:
1. A comprehensive, standardized substance use disorder assessment was conducted with the adolescent upon entering the program. (If yes, answer question 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. The substance abuse assessment was comprised of:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>a. Interview with adolescent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>b. Interview with caregiver</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. A medical screening and assessment have been completed, if clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. A Sexually Transmitted Disease (STD) screening (including Human Immunodeficiency Virus [HIV], Hepatitis B and C) and Tuberculosis (TB) have been completed, if clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The adolescent was assessed for the need for detoxification, if clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The adolescent received a toxicology evaluation using a urine or oral swab drug screen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>II. Comprehensive, Integrated Treatment Approach</b>	Yes	No	N/A	Comments:
1. The adolescent's Individual Service Plan (ISP) goals and objectives comprehensively address the following needs:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>a. Substance use</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>b. Collaboration with the medical provider (if clinically indicated)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>c. Mental Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>d. Psychosocial</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>e. Vocational/Educational</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>f. Legal issues (if indicated)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Adolescent Substance Abuse Program Review Tool

2. There is evidence that the ISP is updated to reflect the changing needs of the adolescent and to ensure progress is being made				
3. Progress notes reflect treatment that clearly aligns with treatment goals				
<b>III. Family and Youth Involvement in Treatment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. There is evidence that the family/guardian were actively engaged to participate and involved in decisions in the following aspects of the adolescent's care:				
<i>a) Assessment</i>				
<i>b) Treatment Development</i>				
<i>c) Treatment Service Provision</i>				
2. There is evidence the adolescent has been actively included in treatment planning				
<b>IV. Developmentally Appropriate Treatment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. There is evidence that treatment addresses the unique cognitive, social, emotional, and developmental needs of the adolescent				
<b>V. Gender and Cultural Competence</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. The ISP addresses the unique needs of the adolescent (e.g., age, gender, sexual orientation, ethnicity, culture)				
2. There is evidence that the program addresses the unique needs of the adolescent				
<b>VI. Engage and Retain Adolescents in Treatment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. There is evidence that the program employs strategies to engage and keep the adolescent in treatment				
<b>VII. Treatment Outcomes</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. The program evaluates the adolescent's progress within the program and measures treatment outcomes				
<b>VIII. Continuing Care</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. Aftercare has been addressed within the adolescent's ISP				
2. Relapse prevention plan is included in the aftercare plan				

**Adolescent  
Substance Abuse Program Review Tool**

**PART 2: Interview with Program Staff (conduct one interview for each program)**

<b>Program Review: Include details of supporting evidence</b>
1. Which evidence-based substance abuse treatment modalities does the program use?
2. How does the program ensure that the evidence-based substance abuse treatment modalities being used are employed with fidelity?
3. Describe how staff are trained in the evidence-based substance abuse treatment modalities being used by the program:
4. Does the program have any specialized programming to address the unique needs of the children/adolescents they serve? (e.g., age, gender identity, sexual orientation, ethnicity, culture)
5. Describe which strategies the program employs to engage and keep the child/adolescent in treatment:
6. How does the program evaluate the effectiveness of the program and measure treatment outcomes? How does the program implement improvements based on these evaluations?
7. How does the program address aftercare?
8. Describe other methods for ensuring successful outcomes for children/adolescents after treatment is completed:
9. Describe areas of strength within the program:
10. Describe any barriers within the program:

**RBHA Quarterly Protocol Monitoring Report**  
*Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents*

GSA \_\_\_\_\_ Network (if applicable) \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Quarter: \_\_\_\_\_ # of Charts Reviewed During Quarter: \_\_\_\_\_

Name of Program Reviewed	Program Type	Date of Review	# of Charts Reviewed
1.			
2.			
3.			
4.			
5.			
6.			

What trends were identified for the Adolescent Substance Use Disorder Treatment Programs reviewed?

What barriers were identified for the Adolescent Substance Use Disorder Treatment Programs reviewed?

What has the RBHA implemented to target areas that were identified for improvement for the Adolescent Substance Use Disorder Treatment Programs reviewed?

