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| **Chart Review Tally Sheet (Part II) – Partial Sample (i.e., 6 charts). TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Co-Occurring Disorders (COD) Assessments (ST2)**

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| **Client ID** | **SA Indicated by Team?** | Summarize the following (across the 6 charts, and/or those indicated as having SA): 1) What is observed at **intake** (quality (i.e., examine interrelationship), timelines, who is completing); 2) What is observed for **ongoing (COD) assessments** (quality (i.e., examine interrelationship), timelines, who is completing); 3) **Stages of Change** Readiness and Treatment assessed? (indicate where, if appearing accurate, updated); and 4) Any notable **other observations** related to assessment and treatment of CODs? |
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**Employment and Education Assessment (ST5)**

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| **Client ID** | **EE Services Indicated by Team?** | Summarize the following (across the 6 charts, and/or those indicated as receiving EE Services): 1) What is observed at **intake** (quality, timelines, who is completing); 2) What is observed for **ongoing EE assessments** (i.e., examine quality, timelines, who is completing); 3) Any evidence suggesting the EE assessment is being used to **guide job placement and supports;** and 4**)** Any notable **other observations** related to EE assessment and services |
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**Client Schedules (OS4)**

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| Summarize Client Schedules **(OS4)** To what extent is the client schedule: 1) detailed; 2) derived from planned interventions; and 3) appears to inform what is scheduled out each day in team meeting)? |
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**CP6. Crisis Planning**

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| **Client ID** | **Crisis Plan** for this client rated as (poor/moderate/good)? (“n/a” if no plan existed) | Summarize (across all 6 charts) the **quality of the Crisis Plan** – the extent to which it is individualized and practical? |
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| **Percent (“moderate” or “good”):**  |

**Person Center Planning Strengths (PP1) and Planning Process (PP2)**

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| **Client ID** | **Strengths clearly inform the plan**? **(Y/N) or “n/a” if none** | Describe the overall quality of assessed **strengths** (and provide examples). Where noted as “yes” in previous column, provide **examples** of **strengths informing plan**: | **Summarize** what was observed in example Recovery Goals, Short-Term Goals/Objectives, and Interventions. Do they flow logically? Are they personal? Do they appear to create personal/helpful directions to the team? |
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| **Percent:** |

**Interventions Target a Broad Range of Life Domains (PP3)**

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| **Client ID** | **Criterion A** (# of Lie Domains Planned Interventions) | **Criterion B** (# of Life Domains Progress Notes) | **Alignment** (Y/N)? – At least 50% of list in A appears in B | **Observations/Notes** |
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| **% 3+**  |  |  | **% Yes:**  |
| **% 2+** |  |  |

\*Note that % 2+ is to be equal or larger than what is listed as “% 3+.”

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| **Chart Review Tally Sheet (Part 3). Calculating the Use of Staff within their respective Roles** (see Chart Log I)  |

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| **ITEM** | **Team Member (insert name)** | (A) Total # of Note Entries Across all charts | (B) Total # of Specialty-Related note entries | Percent of Note Entries with a service reflecting area of specialty (B/A). |
| CT1 and CT2 | Team Leader: |  | n/a | n/a |
| ST1 | COD 1: |  |  |  |
| COD 2: |  |  |  |
| ST4 | Emp Spec 1: |  |  |  |
| Emp Spec 2: |  |  |  |
| ST7 | Peer Spec 1: |  |  |  |
| Peer Spec 2: |  |  |  |

Cross-walk reported and observed time spent in specialist services (e.g., what percent of progress note entries by co-occurring disorders specialist have some notation of integrated treatment for co-occurring disorders, inclusive of assessment and engagement, which may not be overtly documented?).

**Significant discrepancies** may warrant an adjustment from what was reported given what was observed in the chart (e.g., specialist reports 90%, and chart review data finds only 50%; with this example, and depending on what other data sources indicate (e.g., scheduling practices), reducing to 70% may be a more accurate reflection of how the specialist is used in his or her role. As you only have data from a 20% sample and lack information to know how representative the dataset is for that given specialist, use chart data judiciously when adjusting reported percentages, and consider other sources (team scheduling practices, overall competency of specialist (if they clearly do not understand their area of specialty, it is more difficult to make a case that they are used in their specialty role, many observed missed opportunities to use the specialist)