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| **CHART REVIEW LOG (Part I). Full Sample (the greater of 20% of client caseload or 10 clients).**  |
| **Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reviewer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Selected 4-Week Period for Review:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Unique Client ID:**  \_\_\_\_  **PSYCHIATRIC DIAGNOSES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OS6. Diagnoses Fit with ACT admission criteria?** [ ] Yes [ ] No |
| **DATE** | **Contact****Location****C = Community****I = Institution1****O = Office***(CP1)* | **Team member/****Role***(OS2)* | **Duration****(min.)***(CP3)* | **Briefly note content and quality of contact. Do not include contact attempts or contacts with collaterals in final tally, but information may be useful to track. Refer to CP1, CP3, and CP4 item guidelines to determine when to exclude a contact due to its questionable purpose and/or whether to collapse with another contact made on the same day.**  |
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| Did Team say client is receiving this service from the team in **Excel Spreadsheet?** | Is this service **reported in progress note**? (if not, mark “no”) **If yes**, distinguish the **quality of the service** (e.g., a high-quality service example is relatively detailed, reflects an active intervention, and generally in-line with the EBP; if the example practice is clearly misaligned with the EBP, also mark as “No” rather than as “low quality.”) | **If yes,** does service appear to be **systematically provided2** in concordance with the definition of each service? |
| [ ]  Yes | Integrated Treatment for Co-Occurring Disorders (Column B): [ ]  Yes/High [ ]  Yes/Low [ ]  No |  [ ]  Yes [ ]  No [ ]  N/A |
| [ ]  Yes | Employment & Educational Service (Column E): [ ]  Yes/High [ ]  Yes/Low [ ]  No  |  [ ]  Yes [ ]  No [ ]  N/A |
| [ ]  Yes | Psychiatric Rehabilitation (Column J): [ ]  Yes/High [ ]  Yes/Low [ ]  No |  [ ]  Yes [ ]  No [ ]  N/A |
| [ ]  Yes | Manualized WMR Service (Column K): [ ]  Yes/High [ ]  Yes/Low [ ]  No  |  [ ]  Yes [ ]  No [ ]  N/A |
| [ ]  Yes | Psychotherapy (Column M): [ ]  Yes/High [ ]  Yes/Low [ ]  No |  [ ]  Yes [ ]  No [ ]  N/A |
| [ ]  Yes | Healthcare/Lifestyle (Column N): [ ]  Yes/High [ ]  Yes/Low [ ]  No |  [ ]  Yes [ ]  No [ ]  N/A |

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| **Please Note the Last Two Psychiatric Care Provider Visits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is most recent contact more than 3 months ago?** [ ] Yes Psychiatric Resident visits may count here, but otherwise do not count if psychiatric care provider is not meeting team inclusion criteria (OS5 and CT3). Exception is if caseload responsibility is shared between one provider that does meet inclusion criteria with one psychiatric care provider who doesn’t count.**Do you see evidence of brief therapy in Psychiatric Care Provider’s notes?** [ ]  Yes [ ]  No Note: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1**Institution** includes the following: hospital, jail, assisted living facilities, high supervision group homes, and other more restrictive settings. For sake of calculations, continue to treat those marked “community” and “institution” as both community contacts (not office). **2Systematically provided** = specialty practice occurs more than one time in 4-week period.

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| **Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reviewer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Selected 4-Week Period for Review:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DATE** | **Contact****Location****C = Community****I = Institution****O = Office***(CP1)* | **Team member/****Role***(OS2)* | **Duration****(min.)***(CP3)* | **Briefly note content and quality of contact. Do not include contact attempts or contacts with collaterals in final tally.** **Refer to CP1, CP3, and CP4 item guidelines to determine when to exclude a contact due to its questionable purpose and/or whether to collapse with another contact made on the same day.**  |
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| **Team Leader Notes (total count; CT2)**All notes (count): | **Co-Occurring Disorder Specialist Notes (count; ST1)**All notes (count):Specialist-related notes (count): | **Employment Specialist Notes (count; ST4**)All notes (count):Specialist-related notes (count) | **Peer Specialist Notes (count; ST7)**All notes (count):Specialist-related notes (count): |