

Utah Division of Substance Abuse and Mental Health Children, Youth, and Family Chart Review Tool

Center: _____	Site: _____	Date: _____
Center Designee: _____	Division Reviewer: _____	

MONITORING/CHART ITEMS

Identification Number: _____	Medicaid Recipient: _____	
Gender: _____	Age: _____	
Evidence of Trauma Assessment _____	Evidence of Risk Assessment _____	
Suicidal/Homicidal or Self-Harming Behaviors Identified? _____	b. Evidence of a Crisis/Safety Plan Developed? _____	c. Has a copy has been offered/given to the client/guardian? _____
YOQ Every 30 Days? _____	If Not, how often? _____	YOQ used Clinically? _____

Presenting Problems/Issues/Symptoms: _____

Diagnosis: _____

Symptoms Supporting Diagnosis: _____

Medical DX: _____

Current Assessment	Comments:
Date of Assessment/Update	
Child/Youth Strengths	
Recovery & Resiliency (natural/informal)	
Family Strengths	
Co-morbid Assessed (SUD/ID/DD/etc)	
Family/Guardian Functioning	
Social Functioning	
Education Functioning	

Holistic, Person-Centered Recovery Planning

Active child/youth participation in planning		Evidence that recovery plan is current and up to date	
Treatment Plans are consistent with diagnosis		Most recent recovery plan updates	
Child/Youth goals are in his/her own words			
Child/Youth Goals:			
Barriers identified (that may impede goal attainment):			
Discharge Planning (describes the symptoms/presenting problems that the child/youth needs to improve upon in order to discharge):			
Treatment Objectives are measurable		Treatment Objectives are achievable	
Treatment Objectives have a set timeframe		Treatment Objectives are meaningful	
Treatment Objectives:			
Treatment interventions are consistent with the treatment plan goals and objectives			
Interventions:			
The treatment record has evidence of continuity and coordination of care between behavioral healthcare institutions, ancillary providers and or consultants.			
Comments:			
Additional Comments:			