

<b>CLINICAL REVIEW CHECKLIST FY17 (E1)</b>		
<b>Case Number:</b>		
<b><u>Initial Screening and Assessment</u></b>		<b><u>Remarks</u></b>
LSAA screens individuals for substance use disorder using an evidence-based screening instrument. (Required)	YES NO	
An evidence-based criminogenic risk screening instrument is used to identify whether individuals should be assessed. (Required)	YES NO	
An evidence-based screen for mental health is used. (Required)	YES NO	
LSAA screens individuals for suicide using an evidence-based instrument (CSSRS). (Required)	YES NO	
Copies of the RANT (or other evidence-based screen) found in files of drug court participants. (Required)	YES NO	
Program uses a standardized assessment instrument or a structured clinical interview to assess alcohol and other drug problems that includes an assessment of all ASAM dimensions. (Required)	YES NO	
The program assesses, addresses, and monitors trauma. (Required)	YES NO	
Tobacco use is identified in the assessment. (Required)	YES NO	
<b><u>Client Agreements and Confidentiality</u></b>		<b><u>Remarks</u></b>
Signed fee agreement that identifies individual financial responsibility for services found in file. (Required)	YES NO	
Drug testing agreement identifies purpose of testing, potential consequence for testing positive, right to confirmation test to whom results will be disseminated. (Required)	YES NO	
Consent form found in file (only required if information released) is complete, has statement that consent is subject to revocation, is signed and has complete information. (Required)	YES NO	
Intake documents include a Privacy Statement present, signed, and witnessed. (Required).	YES NO	

<b><u>Engagement Session (Preferred)</u></b>		<b><u>Remarks</u></b>
Engagement session identifies individual goals and identifies initial diagnosis. (Preferred)	YES NO	
Engagement session includes statement of individual's presenting problem. (Preferred)	YES NO	
Engagement session summary includes recommendations for level of care and intensity of services needed. (Preferred)	YES NO	
Client given tangible assignment for next session. (Preferred)	YES NO	
<b><u>Ongoing Assessment</u></b>		<b><u>Remarks</u></b>
Assessment process is ongoing and changes to assessment information are reflected throughout record. (Required)	YES NO	
Administration of biologic screens (drug tests) is consistent with DSAMH Directives. (Required)		
Level of care and intensity of services is reviewed and supported by ongoing assessment information, or difference is clinically justified. (Required)	YES NO	
<b><u>Recovery Plan</u></b>		<b><u>Remarks</u></b>
Evidence of individual's participation in development of the Recovery Plan. (Required)	YES NO	
The plan is individualized and based on the individual's goals and other needs agreed on by the individual. (Required)	YES NO	
LSAA provides drug and alcohol treatment services found to be effective in reducing alcohol and other drug use. (Required)	YES NO	

Documentation of individual's status is reflected throughout the individual record, reflecting changes in types, schedule, duration and frequency of therapeutic interventions to facilitate individual progress as well as changes in individual objectives and goals. (Required)	YES NO	
Local authority monitors clinical practice to ensure fidelity. (Preferred)	YES NO	
Services for individuals with alcohol and/or opioid disorders include Medication-assisted treatment if client is amenable.	YES NO	
Evidence of family involvement in treatment(required for youth).	YES NO	
Tobacco use is addressed in the Recovery Plan. (Preferred)	YES NO	
Local authority provides or links individuals to recovery support services that help individuals find health, home, community and purpose. (Required)	YES NO	
<b><u>Co-occurring Treatment</u></b>		<b><u>Remarks</u></b>
Co-occurring mental health and physical health issues identified during assessment process. (Required)	YES NO	
If identified, co-occurring diagnosis present. (Required)	YES NO	
If identified, evidence that it was discussed, and if agreed upon, addressed in recovery plan through direct services or referral for services. (Required)	YES NO	
<b><u>Progress Notes</u></b>		<b><u>Remarks</u></b>
Clinical service notes include the date, duration and type of intervention. (Required)	YES NO	
Progress notes are used to document progress or lack of progress on individual's goals as well as the clinician's assessment of the individual's changes in behaviors, attitudes and beliefs. (Required)	YES NO	
Progress notes will reflect clinician's assessment of the effectiveness of the therapeutic interventions and plans for future interventions. (Required)	YES NO	

**Continuing Recovery Recommendations****Remarks**

Record reflects cultural and gender specificity in treatment. (Required)	YES	NO	
Recommendations for ongoing services include the extent to which established goals and objectives were achieved, what ongoing services are recommended, and a description of the individual's recovery support plan. (Required)	YES	NO	
Necessary recovery supports are identified and made available through the local authority or a link to community providers. (Preferred).	YES	NO	
Signature and title of an appropriately licensed professional. (Required)	YES	NO	
Referrals and follow-up care provided (preferred).	YES	NO	