

West Slope Casa Site Visits

Policy: The West Slope Casa Quality Improvement Committee will conduct site visits bi-annually on at least one office of each West Slope Casa provider.

Procedure:

1. Site visit will be conducted at the program's clinical and/ or business office.
 - a. Allow three hours
 - i. Tour of facility
 - ii. Verification of levels of care offered
 - b. Designate an individual to be available for the procedural review
 - i. Verification of procedural review items
 - c. Designate clinical staff to participate in discussion of clinical needs
 - i. What's working, what isn't
 - ii. What's needed to improve clinical care
 - iii. Feedback for the MSO
2. Chart reviews
 - a. A sampling of at least six (6) charts will be reviewed using the chart review tool
3. A report prepared by the QI review members will be forwarded to the program within 30 days, with program response and action plan due within the following 30 days.
4. Follow-up timeframes on the action plan will be agreed upon by the program and the MSO.
 - a. MSO Clinical Director will be responsible for follow-up on action plan completion.

West Slope Casa Procedural Program Reviews

Staff discussion: What's working, what isn't

What's needed to improve clinical care_____

Feedback to MSO_____

Procedural Review Items

- | | | | |
|----|---|-----|----|
| 1. | Verify current ADAD license. | Yes | No |
| | Approved for adult offenders | Yes | No |
| | Approved for minors | Yes | No |
| | Approved for Specialized Women's | Yes | No |
| | Approved for residential | Yes | No |
| | Approved for outpatient | Yes | No |
| | Approved for LI DUI Ed | Yes | No |
| | Approved for LII Ed & | | |
| | Non-intensive OP Therapy | Yes | No |
| | IOP | Yes | No |
| | Day Treatment | Yes | No |
| | Transitional Residential | Yes | No |
| | Intensive Residential | Yes | No |
| | Approved for non-hospital detox | Yes | No |
| | Approved for Involuntary Commitment | Yes | No |
| 2. | Counselors: | | |
| | Verify current ADAD certifications | Yes | No |
| | Verify staff certification meets current ADAD regs | Yes | No |
| | Verify counselor background investigations conducted | Yes | No |
| | Verify therapist disclosure sheets | Yes | No |
| | Verify universal precautions training | Yes | No |
| | Verify supervision meets ADAD standards | Yes | No |
| 3. | Verify system for identifying critical incidents: | Yes | No |
| | complaints: | Yes | No |
| | grievances: | Yes | No |
| 4. | Verify policies and procedures for substance testing | Yes | No |
| 5. | Verify procedures for reporting child abuse/ neglect | Yes | No |
| 6. | Verify policies and procedures for treatment of minors | Yes | No |
| 7. | Verify policies and procedures for Specialized Women's Services | Yes | No |
| | For DUI programs (manual) | Yes | No |
| | For adult offenders | Yes | No |
| | For involuntary commitments | Yes | No |

**WEST SLOPE CASA
ADAD CLINICAL RECORDS REVIEW**

Agency being reviewed: _____ Program Type _____

Reviewers: _____

Client ID _____ Date _____

MS= Meets Standard AN= Attention Needed NA= Not Applicable

CLIENT RECORDS COMMENTS

<u>MS</u>	<u>AN</u>	<u>NA</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. DACODS copy is completed correctly and is in chart.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Addiction Severity Index (ASI) or Adolescent Substance Abuse Profile II (ASAP II) completed and in chart.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. WSC ASAM Justification Sheet completed and in chart.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Mental status exam completed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Progress notes sufficiently chart client progress.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Vital signs monitoring (detox only).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Consent to release client information.
			Client acknowledgements:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Federal confidentiality regulations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Client rights and responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Program fees and collection procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Risk factors associated with substance abuse for pregnancy and infectious diseases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Counselor credentials and agencies governing counselor conduct
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Personal belongings inventories (residential programs only).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Court documents in chart.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Case management documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Clinician signature with credentials and date on intakes, assessments, progress notes, treatment plans, releases, discharge summaries.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. DSM IV diagnosis on intake and discharge summaries.

TREATMENT PLAN

COMMENTS

MS **AN** **NA**

- 18. Treatment plan completed, dated, and signed by client and clinician.
- 19. Goals and objectives concrete and measurable.
- 20. Client strengths are included in the treatment plan.
- 21. Goals and objectives written as positive action items address the client's primary needs.

MEDICATIONS

- 22. Recording, monitoring, and administration meet ADAD standards.
- 23. Treatment plan documents use of medication as part of treatment.
- 24. CIWA-AR and med flow sheets (detox only).

DISCHARGE SUMMARY

- 25. Discharge summary completed.
- 26. Discharge DACODS and summary completed within 30 days of client termination.

COMMENTS ON CLINICAL CARE:
