

YAS Discharge Report

Overall directions:

- Complete one report for each client discharged from your agency's YAS program between 7/1/12 and 12/31/12.
- Agencies with programs in different cities should count those as separate programs.
- If 2 agencies serve the same client in 2 different YAS programs, we will only use the later discharge, which should always be with the main YAS provider. Housing, employment, and any other complementary programs do not need to do a report, but should help the main YAS agency with completing the report if appropriate.
- You do not need to complete a form for clients only "discharged" from one level of care within your agency to another. However, please fax in the form with a note on it, explaining the circumstance.
- If the client was in more than one level of YAS care during his or her last 6 months, program staff from both programs should confer about the questions to produce a single report, covering the last 6 months .
- Pre-populated forms have been furnished for clients who appeared in DDAP by December 31. Please add others who have also been discharged in that period.
- By 1/31, fax all forms to Kevin Kunak using the fax template provided.
- We welcome your suggestions for our future form! Thank you!

Name of Client: *If pre-filled, check for accurate spelling and correct if necessary. You may also create forms for clients discharged from your agency's YAS program(s) by filling in new forms.*

Avatar/DDAP ID: *If pre-filled, check for accuracy and correct if necessary. If a new form, insert ID.*

Date Admission (Most Recent Episode): *The episode refers only to YAS programs within an agency. These should be pre-filled. Please change the admission date if it does not reflect the admission to your agency's YAS programs overall.*

Date Discharged : *Please check the pre-filled date. If the person was not actually discharged but rather transferred to a different level of care, you do not need to do a discharge report. However, please write a note on the first page of the form (wherever you can fit it) and fax in that first page.*

Your Name: *The person making this report should fill in his/her name. This is the person who will be called with questions.*

Phone Number: *Phone number of same person.*

YAS Program: *This should be pre-filled with both the agency and any specific program name. If you are creating a report including information from more than 1 program within your agency (both of which served the client in the 6 month period), please indicate (put in a caret and add the other program name on that line, if there is adequate space; otherwise fit it wherever possible).*

Was this client an OOC referral? *Indicate yes or no.*

6-month period of this report: *This will show the discharge date and the date 6 months earlier. If your agency did not serve the client during the full 6 month period, change the "from" date to the correct start date. Also check the accuracy of the "to" date. Use this window of time for all questions.*

Date this report: *Enter the date that this report is being completed.*

I. PROGRESS: Your answers should describe the 6 MONTH PERIOD PRIOR TO DISCHARGE. *(or less, if your agency served him/her less than 6 months).*

1.	Where did the client sleep for the majority of the time? (Circle the letter next to the ONE best answer)
----	--

	<p>a. Independent housing in the community (include supported housing)</p> <p>b. Supervised housing</p> <p>c. Hospital, residential program, crisis/respite</p> <p>d. Homeless (Shelter, outdoors, abandoned building, doubled up with others)</p> <p>e. Jail/prison</p> <p>f. Other (specify) _____</p> <p><i>Only choose one answer. Do not use the Other category unless absolutely necessary. Also, if you are indicating a specific place/agency, please write out the full name in the "specify" space.</i></p>
2.	<p>How many nights did the client spend: (Enter number of nights in space; use "0" to indicate NO nights. <i>No need to research this. Estimate as best as you can.</i></p> <p>Homeless: _____ Jail/Prison: _____ Hospital/Inpatient: _____ (Total max days in 6 months = 183)</p>
3.	<p>In the 6 months prior to discharge, how many times was the client arrested? <i>No need to research this. Estimate as best as you can.</i></p>
4.	<p>In the 6 months prior to discharge, please indicate in which of the following skills training(s) the client participated: <i>Circle all that apply. Include client's experience in other agencies, as well as your own.</i></p> <p>a. Vocational or jobs skills training</p> <p>b. General vocational readiness "soft skills" training</p> <p>c. Life skills training</p> <p>d. None of the above</p>
5.	<p>What best describes the client's student status for the MAJORITY of the 6 months prior to discharge? <i>Circle one only.</i></p> <p>a. Attending high school or GED program</p> <p>b. Attending college full or part time</p> <p>c. Attending vocational or professional school</p> <p>d. Did not attend school for the majority of the time.</p>
6.	<p>If the client was employed in this period, what best describes the client's employment? (Circle the letter next to the ONE best answer) <i>Note that we will be able to consider all of a person's activities and his/her disability; do not be overly concerned about reporting unemployment related to a preference for school, or inability to work.</i></p> <p>a. Employed full time</p> <p>b. Employed full time, but with staff support</p> <p>c. Employed part time</p> <p>d. Employed part time, but with staff support</p> <p>e. Self-employed (full-time)</p> <p>f. Self-employed (part-time)</p> <p>g. Employed seasonal/temporary full time</p> <p>h. Employed seasonal/temporary part time</p> <p>i. Paid but non-competitive work (including sheltered work, transitional employment programs, BRS etc.)</p> <p>j. Volunteer (not paid) (Note: count volunteer time as <i>employed</i> for question 7.)</p>
7.	<p>Did the client spend any time this period unemployed? <i>Do not count volunteer time as unemployment.</i></p> <p>_____ Yes _____ No IF YES: How many of the past 6 months was the client unemployed? _____</p>
8.	<p>Did the client receive Supplemental Security Income or Social Security Disability Insurance? Check one:</p> <p>Yes _____ No _____ <i>Indicate "yes" even if the SSI/SSDI was begun late in the period.</i></p>
9.	<p>If a female, was this client pregnant during the last 6 months in your YAS program? <i>Indicate yes even if the pregnancy came to term, or otherwise ended, on the first day of the 6 month period.</i></p> <p>Yes _____ No _____ (If yes, complete Addendum I)</p>
10.	<p>Was this client actively parenting during the 6 months period? (Indicate answer for both males and females)</p> <p>Yes _____ No _____ (If yes, complete Addendum II) <i>Answer yes even if the period that children were in their care was very brief. Also answer yes for a non-custodial parent who participates as a parent.</i></p>

II. DISCHARGE STATUS

11. What was the reason(s) for this client's discharge from YAS? ~~(Circle the letter next to the best reason.)~~ *This instruction should be: circle all reasons for discharge – but please star the one that is the most relevant.*

- a. Client no longer requires this high a level of care
- b. Client requires a higher level of care.
- c. Client is too old for YAS.
- d. Client transferred to another YAS program (Specify: _____)
- e. Client chooses not to participate.
- f. Client left area.
- g. Client was not compliant with treatment plan or with program rules
- h. Client is incarcerated.
- i. Client cannot be located.
- j. Client died.

12. Upon discharge, was the client referred to any of the following? (Circle letters next to all places referred)

- a. DMHAS-operated treatment program
- b. DMHAS-funded non-profit treatment program
- c. Other community provider. (Specify: *If not a well-known DMHAS provider, please write out the name, and tell us what kind of program it is.*)

13. If there was a referral, did YAS provide linkage to the program(s) where the client was referred?

Yes _____ No _____ NA; no referrals _____ *Self-explanatory.*

14. Was the discharge planned? Yes _____ No _____ *Answer yes only if the discharge was planned in conjunction with the client.*

15. What accomplishment(s) describe this client's status at discharge (circle letters next to all that apply)

- a. The client obtained a high school diploma or GED
- b. The client is employed.
- c. The client is able to live independently.
- d. The client no longer requires mental health services.
- e. The client is a responsible parent.
- f. The client is living stably in the community.

You may leave blank if none of these apply to the client. Feel free to write in additional categories below, but be aware that we will use this information mainly to modify the form in the future.

Addendum I**Pregnancy Report****Complete only if #9 on page 1 was answered YES**

1.	How old was this client when she became pregnant? (This pregnancy) _____ years <i>Self-explanatory.</i>
2.	How long was the client in the YAS program prior to becoming pregnant the first time? (Circle best response) a. Prior to YAS admission b. Between admission and 1 year c. 1-2 years d. Over 2 years <i>Consider only the woman's first pregnancy.</i>
3.	As a child, was this client ever removed from her natural home due to abuse or neglect? Yes _____ No _____ Information unavailable _____ <i>Self-explanatory.</i>
4.	Just prior to YAS referral, was this client (circle letter corresponding to best response). a. In DCF foster care? b. In a DCF group home? c. In care of non-parent family members, as the result of abuse or neglect? d. In Albert Solnit North (CT Children's Place) e. In Albert Solnit South (River View Hospital) <i>Leave these blank if none apply.</i>
5.	Did this client previously give birth to other children? <i>Self-explanatory.</i> Yes _____ No _____ If yes, number previous children: _____
6.	Number of children in this mother's care (not counting pregnancy in this period): _____ (Enter 0 if none) <i>Only include children for whom this woman is the custodial parent.</i>
7.	If this client is no longer pregnant, indicate reason: (Circle best answer) <i>Self-explanatory.</i> a. Client had abortion, miscarriage, or still birth. b. Pregnancy came to term and mother released baby to adoption. c. Pregnancy came to term and DCF took custody. d. Pregnancy came to term and mother gave custody to family member. e. Pregnancy came to term and mother retained custody.
8.	How compliant was mother with prenatal treatment? (Circle best answer) <i>Use your best judgment.</i> a. Not at all compliant b. Somewhat compliant c. Mostly compliant d. Completely compliant
9.	Did this client receive Doula prenatal and/or labor and delivery support services? <i>Self-explanatory.</i> Yes _____ No _____
10.	If the client has delivered, is she currently using birth control? <i>Self-explanatory.</i> Yes _____ No _____ Unknown _____

Addendum II**Parenting Report****Complete only if #10 on page 1 was answered YES**

	<i>If you are completing this form on a non-custodial parent who participates in parenting, please write a note to that effect at the top.</i>
1.	How old is this parenting client? _____ years
2.	<p>What supports did this client receive in the last 6 months in your program? (Circle all that apply)</p> <p>a. Doula in-home parenting supports</p> <p>b. Nurturing Families</p> <p>c. DCF Intensive Family Preservation</p> <p>d. DCF Differential Response Services</p> <p>e. Other formal supports (specify) <i>e.g., other agencies with parenting support programs</i></p> <p>f. Other natural supports (specify) <i>e.g., family members, church groups, etc.</i></p> <p>g. No supports</p>
3.	<p>If custody of 1 or more children has been lost to DCF, indicate the age of the child(ren): <i>Indicate the age at which the child was taken by DCF, rather than the age now.</i></p> <p>(circle all that apply)</p> <p>a. 0-3 months (If more than 1 in this age range, indicate number: _____)</p> <p>b. 4-6 months (If more than 1 in this age range, indicate number: _____)</p> <p>c. 7-12 months (If more than 1 in this age range, indicate number: _____)</p> <p>d. 1-3 years (If more than 1 in this age range, indicate number: _____)</p> <p>e. Older than 3 years (If more than 1 in this age range, indicate number: _____)</p> <p><i>If a custody of a child was taken by DCF but the child has since been returned to the parent's care, do not count that child.</i></p>
4.	If custody of 1 or more children was lost to DCF (#3 above), how many children were lost in the last 6 months in your program? _____ <i>self-explanatory</i>
5.	<p>Was this client parenting other biological children? <i>i.e., other biological children in his or her care.</i></p> <p>Yes _____ No _____ If yes, Indicate ages: _____</p>
6.	<p>Did this client have other biological children not in his or her care? <i>Self-explanatory</i></p> <p>Yes _____ No _____ If yes, Indicate ages: _____</p>
7.	<p>Was this client using birth control prior to leaving your YAS program? <i>Self-explanatory</i></p> <p>Yes _____ No _____ NA, client pregnant _____ Unknown _____</p>