

## YAS Discharge Report

Name of Client: \_\_\_\_\_ Avatar/DDAP ID: \_\_\_\_\_

Date Admission (Most Recent Episode): \_\_\_\_\_ Date Discharged : \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

YAS Program: \_\_\_\_\_ Was this client an OOC referral? \_\_\_ Yes \_\_\_ No

6-month period of this report: \_\_\_\_\_ to \_\_\_\_\_ Date this report: \_\_\_\_\_

**I. PROGRESS: Your answers should describe the 6 MONTH PERIOD PRIOR TO DISCHARGE.**

1.	Where did the client sleep for the majority of the time? (Circle the letter next to the ONE best answer) a. Independent housing in the community (include supported housing) b. Supervised housing c. Hospital, residential program, crisis/respice d. Homeless (Shelter, outdoors, abandoned building, doubled up with others) e. Jail/prison f. Other (specify) _____
2.	How many nights did the client spend: (Enter number of nights in space; use "0" to indicate NO nights. Estimate if necessary. Homeless: _____ Jail/Prison: _____ Hospital/Inpatient: _____ (Total max days in 6 months = 183)
3.	In the 6 months prior to discharge, how many times was the client arrested? _____
4.	In the 6 months prior to discharge, please indicate in which of the following skills training(s) the client participated: a. Vocational or jobs skills training b. General vocational readiness "soft skills" training c. Life skills training d. None of the above
5.	What best describes the client's student status for the MAJORITY of the 6 months prior to discharge? a. Attending high school or GED program b. Attending college full or part time c. Attending vocational or professional school d. Did not attend school for the majority of the time.
6.	If the client was employed in this period, what best describes the client's employment? (Circle the letter next to the ONE best answer) a. Employed full time b. Employed full time, but with staff support c. Employed part time d. Employed part time, but with staff support e. Self-employed (full-time) f. Self-employed (part-time) g. Employed seasonal/temporary full time h. Employed seasonal/temporary part time i. Paid but non-competitive work (including sheltered work, transitional employment programs, BRS etc.) j. Volunteer (not paid) (Note: count volunteer time as <i>employed</i> for question 7.)
7.	Did the client spend any time this period unemployed? ___ Yes ___ No IF YES: How many of the past 6 months was the client unemployed? _____
8.	Did the client receive Supplemental Security Income or Social Security Disability Insurance? Check one: Yes _____ No _____
9.	If a female, was this client pregnant during the last 6 months in your YAS program? Yes _____ No _____ (If yes, complete Addendum I)
10.	Was this client actively parenting during the 6 months period? (Indicate answer for both males and females) Yes _____ No _____ (If yes, complete Addendum II)

**II. DISCHARGE STATUS**

11.	<p>What was the reason(s) for this client's discharge from YAS? (Circle the letter next to the best reason.)</p> <ul style="list-style-type: none"> <li>a. Client no longer requires this high a level of care</li> <li>b. Client requires a higher level of care.</li> <li>c. Client is too old for YAS.</li> <li>d. Client transferred to another YAS program (Specify: _____)</li> <li>e. Client chooses not to participate.</li> <li>f. Client left area.</li> <li>g. Client was not compliant with treatment plan or with program rules</li> <li>h. Client is incarcerated.</li> <li>i. Client cannot be located.</li> <li>j. Client died.</li> </ul>
12.	<p>Upon discharge, was the client referred to any of the following? (Circle letters next to all places referred)</p> <ul style="list-style-type: none"> <li>a. DMHAS-operated treatment program</li> <li>b. DMHAS-funded non-profit treatment program</li> <li>c. Other community provider. (Specify: _____)</li> </ul>
13.	<p>If there was a referral, did YAS provide linkage to the program(s) where the client was referred?</p> <p>Yes _____ No _____ NA; no referrals _____</p>
14.	<p>Was the discharge planned? Yes _____ No _____</p>
15.	<p>What accomplishment(s) describe this client's status at discharge (circle letters next to all that apply)</p> <ul style="list-style-type: none"> <li>a. The client obtained a high school diploma or GED</li> <li>b. The client is employed.</li> <li>c. The client is able to live independently.</li> <li>d. The client no longer requires mental health services.</li> <li>e. The client is a responsible parent.</li> <li>f. The client is living stably in the community.</li> </ul>

**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
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
3.	As a child, was this client ever removed from her natural home due to abuse or neglect?  Yes _____ No _____ Information unavailable _____
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)
5.	Did this client previously give birth to other children?  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)
7.	If this client is no longer pregnant, indicate reason: (Circle best answer) 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) 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? Yes _____ No _____
10.	If the client has delivered, is she currently using birth control? Yes _____ No _____ Unknown _____

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

1.	How old is this parenting client? _____ years
2.	What supports did this client receive in the last 6 months in your program? (Circle all that apply) a. Doula in-home parenting supports b. Nurturing Families c. DCF Intensive Family Preservation d. DCF Differential Response Services e. Other formal supports (specify) _____  f. Other natural supports (specify) _____ g. No supports
3.	If custody of 1 or more children has been lost to DCF, indicate the age of the child(ren): (circle all that apply) a. 0-3 months (If more than 1 in this age range, indicate number: _____ ) b. 4-6 months (If more than 1 in this age range, indicate number: _____ ) c. 7-12 months (If more than 1 in this age range, indicate number: _____ ) d. 1-3 years (If more than 1 in this age range, indicate number: _____ ) e. Older than 3 years (If more than 1 in this age range, indicate number: _____ )
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? _____
5.	Was this client parenting other biological children?  Yes _____ No _____ If yes, Indicate ages: _____
6.	Did this client have other biological children not in his or her care?  Yes _____ No _____ If yes, Indicate ages: _____
7.	Was this client using birth control prior to leaving your YAS program?  Yes _____ No _____ NA, client pregnant _____ Unknown _____