## Young Adult Services (YAS) Reports

Progress, Discharge, Pregnancy, & Parenting Reports

#### **General Instructions:**

- Please complete a:
  - o **Progress Report** for all active YAS clients every 6 months from the date of intake at your agency. Complete progress reports at intake, 6 months, 12 months, 18 months, etc.
  - O **Discharge Report** for all clients at their time of discharge from your YAS program. Complete the discharge report even if the client has been admitted to another agency's YAS program or another YAS program that is part of your agency but in a different city. A discharge report is not required if the client has been transferred to a different level of care within YAS.
- Please complete an:
  - o **Addendum I: Pregnancy Report** if the client has been pregnant during the past 6 months (i.e., if you selected <u>"Yes" for #9</u> on their progress or discharge report.)
  - Addendum II: Parenting Report if the client has been parenting during the past 6 months regardless
    of gender or custody arrangements (i.e., if you selected "Yes" for #10 on their progress or discharge
    report.)
- Please make every effort to **complete** and **submit** reports on time for all clients in your YAS program.
- If a client's report is late, report information on the appropriate 6-month period; save information that is relevant to the client after the appropriate 6-month period for the following report. If a client's report is missed completely during a 6-month period, fill out their report retrospectively for the 6-month period missed.
- A single report should only cover information about the specified 6-month period EXCEPT for questions 15 and 16 in the discharge report asking about the client's accomplishments.
- Agencies with programs in different cities should count those as separate programs.
- Housing, employment, and any other complementary programs do not need to do a separate report, but should help the main YAS agency with completing the report as appropriate.
- If a client was in more than one level of YAS care during their last 6 months, staff from both programs should collaborate to produce a single report, covering the last 6 months.
- If a mistake has been made (e.g., the client is not part of your program), please make a note on the form and return it to us.

## **To Submit YAS Reports:**

**Fax** the Research Department at DMHAS at 860-418-6007.

OR

Send via **encrypted\* email** to your contact person at YAS:

Harini Buch: <u>Harini.Buch@ct.gov</u> Morgan Reiss: <u>Morgan.Reiss@ct.gov</u>

\*Emails containing client information **must** be encrypted to protect client's confidentiality.

We welcome suggestions for future forms. Please contact Sophia with your feedback at <a href="mailto:sophia.dominguez-perez@ct.gov">sophia.dominguez-perez@ct.gov</a> or 860-418-6963.

#### Ouestion by Ouestion Instructions: Progress Report / First Page of Discharge Report

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

Fuzzy ID #: This will be pre-filled.

**Avatar/DDAP ID:** Check for accuracy and correct if necessary. If a new form is created for discharged client, insert ID only if you are certain of what it is.

**Admission Date (Most Recent):** This date refers to YAS programs within an agency. Please check the pre-filled date and change it if it does not reflect the admission to your agency's YAS programs overall.

**Date Discharged (If Applicable):** Please check the accuracy of date if it is pre-filled date or enter the date of discharge. 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 form to inform of us of the transfer (wherever you can fit it) and fax it in to us.

**Your Name:** The person completing the report should fill in their name. This is the person who will be called with questions.

Your Phone Number: Phone number of the same person.

YAS Program: Please check the accuracy of the program name if pre-filled or enter the YAS program name. If you are creating a report including information from more than one program within your agency (both of which served the client in the 6-month period), please indicate this. Write a caret (^) on this line to add the other program name if there is adequate space, or fit it in wherever possible.

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

**6-month period of this report:** For a client's first progress report, the first date will be their admission date and the second date (after "to") will be 6 months after this date. The next progress report will capture the following 6-month period and so on. For discharged clients, the second date (after "to") should be the discharge date, and the first date should be 6 months prior. However, if your agency did not serve the client for a full 6-month period, change the first date to the admission date. Use the 6-month period listed here as reference when completing all questions in the report.

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

### **Report questions:**

- 1. Choose the **one best response** to refer to the client's housing situation for the **majority of the 6-month period**. If client has been **couch-surfing**, please **circle** "d" for *Homeless*. We define **couch-surfing** as staying temporarily in a series of other people's homes, typically making use of improvised sleeping arrangements. Circle "f" only if client has been living with family or friend long-term. Use the *Other* category only if absolutely necessary. Specify response if selecting "c" for *Institution* or "g" for *Other*.
- 1a. This question refers specifically to the end of the time period or at discharge.
- **1b.** Please include only **positive** interactions and **family-like** relationships.
- 2. Estimate as best as you can. Answers should not exceed 183 (nights).
- **3.** Estimate as best as you can.
- **5.** This question refers to the **majority of time or overall** educational situation.
- **6.** Choose the **one best response**. If selecting "j" for *Volunteer*, count this as employed time when responding to question 7. Leave blank if the client has been unemployed during this 6-month period.
- **7.** This question refers to <u>un</u>employment. Do not enter 6 months if any items are circled in question 6. Do not count volunteer time (as indicated in question 6) as unemployment.
- 9. If client was pregnant at all in last 6 months, check "Yes" and complete a Pregnancy Report (Addendum I).
- 10. If client was actively parenting, regardless of gender or custody arrangements, check "Yes" and complete a **Parenting Report (Addendum II).** Answer "Yes" even if the period that children were in their care was very brief.

## **YAS Progress Report**

| Client Name: Fuzzy ID #:      |   | Fuzzy ID #:                      | Avatar/DDAP ID:                         |  |   |  |  |
|-------------------------------|---|----------------------------------|---|--|---|--|--|
| Admission Date (Most Recent): |   | Date Discharged (If Applicable): |   |  |   |  |  |
| Your Name:                    |   |                                  | _ Your Pho                              | Your Phone Number:                     |   |  |  |
| YAS Pro                       | ogram:  |                                  | . Was this o                            | Was this client an OOC referral?Yes No |   |  |  |
| 6-mont                        | th period of this report:   | to                               | Report D                                | Report Date:                           |   |  |  |
| I. PRO                        | GRESS: Your answers should d  | escribe the PAST 6-              | MONTH PERIC                             | D.                                     |   |  |  |
| 1.                            | Where did the client sleep for the majority of the time? (Select one best answer)               |                                  |   |  |   |  |  |
|                               | a. In their own home/apartment, including with/without a roommate and with/without YAS supports |                                  |   |  |   |  |  |
|                               | b. Supervised or transitional hous  | ing (e.g., transition sites,     | , specialized resid                     | lential program)                       |   |  |  |
|                               | c. Institution. <i>Specify:</i>   |                                  |   |  |   |  |  |
|                               |   | nce use treatment pro            | ogram                                   |  |   |  |  |
|                               | 2. Hospital, Crisis/re  | •                                |   | la£:                                   | - t   |  |  |
|                               | d. Homeless (Shelter, outdoors, aba people's homes, typically making use                        | _                                |   | enned as staying                       | j temporarny in a series of other               |  |  |
|                               | e. Jail/prison  | of improvised siceping a         | rrangements                             |  |   |  |  |
|                               | f. Living with family/friends (If cou   | ch-surfing, circle "d")          |   |  |   |  |  |
|                               | g. Other. <i>Specify:</i>   |                                  |   |  |   |  |  |
| 1a.                           | At the <b>end of this period or at dis</b>  | charge, where were th            | hey sleeping? Er                        | nter correspondi                       | ng letter:                                      |  |  |
| 1b.                           | How frequently does the client ha   |                                  |   |  |   |  |  |
|                               | a. Once per week or more b. Les   |                                  |   |  |   |  |  |
| 2.                            | How many nights did the client sp   |                                  | -                                       |  |   |  |  |
|                               | Homeless: Jail/Prison:  | Hospital/Inpatient:              | (Total n                                | nax in 6 months                        | = 183 nights)                                   |  |  |
| 3.                            | In the past 6 months, how many t  | imes was the client ar           | rested?                                 | (If none, e                            | enter "0")                                      |  |  |
|                               | If any arrests, how many were for   |                                  |   |  |   |  |  |
| 4.                            |   |                                  | _                                       |  | participated in: (Select <u>all</u> that apply) |  |  |
|                               | <ul><li>a. Vocational or job training progr</li><li>c. Life skills training</li></ul>           |                                  | None of the abo                         |  | "soft skills" training                          |  |  |
| 5.                            | What best describes the client's s  |                                  |   |  | ? (Select one hest answer)                      |  |  |
| 3.                            | a. Attending high school or GED p   |                                  | inagerity of the p                      |  | . (School <u>one</u> sest unswery               |  |  |
|                               | b. Attending college full or part ti  | _                                |   |  |   |  |  |
|                               | c. Attending vocational or profess  | sional school                    |   |  |   |  |  |
|                               | d. Did not attend school for the n  |                                  |   |  |   |  |  |
| 6.                            | If the client was employed in this  |                                  |   |  | t during the past 6 months?                     |  |  |
|                               | (Select <u>one</u> best answer. Leave blank a. Employed full time                               | ·                                | ployed during 6-m<br>ployed full time   |  | cupport   |  |  |
|                               | c. Employed part time   |                                  | ployed rull tillle,<br>ployed part time |  |   |  |  |
|                               | e. Self-employed (full-time)  |                                  | -employed (part                         |  | Тзиррогс  |  |  |
|                               | g. Employed seasonal/temporary full time h. Employed seasonal/temporary part time               |                                  |   |  |   |  |  |
|                               | i. Paid but non-competitive work  | (including sheltered w           | vork, transitiona                       | al employment                          | programs, BRS, etc.)                            |  |  |
|                               | j. Volunteer (not paid) ( <b>Count vo</b>   | lunteer time as emplo            | oyed when resp                          | onding to que                          | stion 7)  |  |  |
| 7.                            | Did the client spend any time this  |                                  |   |  |   |  |  |
|                               | months was the client unemploye   |                                  |   |  |   |  |  |
| 8.                            | Does the client receive Suppleme Yes No   | ntal Security Income (S          | SSI) or Social Se                       | curity Disability                      | / Insurance (SSDI)?                             |  |  |
| 9.                            | Was this client pregnant during th  | ne past 6 months?                | Yes                                     | No                                     | If Yes, complete Addendum I.                    |  |  |
| 10.                           | Was this client actively parenting  |                                  |   |  |   |  |  |
|                               | of client's gender or custody arranger  | _ :                              | Yes                                     |  | If Yes. complete Addendum II.                   |  |  |

## **Discharge Report: Question by Question Instructions**

The first page of the discharge report is the same as a progress report. Refer to prior instructions to complete the first page of a discharge report.

- 11. If multiple reasons for client's discharge, circle all that apply.
- **11a.** This should be the main reason for discharge; the one that takes precedence. To prevent an unnecessarily negative portrayal, use the more positive answer if two are of equal importance.
- **12.** Indicate clearly if the client was referred to any services. If the client was not referred to any services, leave this question blank.
- 14. Answer "Yes" only if the discharge was planned in conjunction with the client.
- 15. Indicate all of the client's accomplishments.
  - If for question 1, you chose "a", "b", "c1", or "f" then you should select "f" (*Client is living stably in the community*).
  - If for question 6, you chose any answer, then you should select "b" (Client is employed).

## **YAS Discharge Report**

| Client Name: Fuzzy ID #:      |   | Avatar/DDAP ID:   |  |  |  |
|-------------------------------|---|---|--|--|--|
| Admission Date (Most Recent): |   | Date Discharged:  |  |  |  |
| Your N                        | ame:  | Your Phone Number:  |  |  |  |
| YAS Pro                       | ogram:  | Was this client an OOC referral?Yes No  |  |  |  |
| 6-mont                        | th period of this report:toto   | Report Date:  |  |  |  |
| I. PRO                        | GRESS: Your answers should describe the PAST 6  | -MONTH PERIOD.  |  |  |  |
| 1.                            | Where did the client sleep for the <b>majority of the time</b> ? (Select <u>one</u> best answer)  a. In their own home/apartment, including with/without a roommate and with/without YAS supports  b. Supervised or transitional housing (e.g., transition sites, specialized residential program)  c. Institution. <b>Specify:</b> 1. Residential substance use treatment program  |   |  |  |  |
|                               | 2. Hospital, Crisis/respite d. Homeless (Shelter, outdoors, abandoned building; include people's homes, typically making use of improvised sleeping e. Jail/prison f. Living with family/friends (If couch-surfing, circle "d") g. Other. Specify:  |   |  |  |  |
| 1a.                           | At the end of this period or at discharge, where were   | they sleeping? Enter corresponding letter:  |  |  |  |
| 1b.                           | How frequently does the client have <b>positive</b> family involvement (including family-like relationships)? (Select <u>one</u> )  a. Once per week or more b. Less than once per week, but at least once per month. c. Less than once per month   |   |  |  |  |
| 2.                            | How many nights did the client spend: (Enter number of nights in each space; use "0" to indicate NO nights.)  Homeless: Jail/Prison: Hospital/Inpatient: (Total max in 6 months = 183 nights)   |   |  |  |  |
| 3.                            | In the past 6 months, how many times was the client arrested? (If none, enter "0")  If any arrests, how many were for felony charges? (If none, enter "0")  |   |  |  |  |
| 4.                            | a. Vocational or job training program   | owing skills trainings the client participated in: (Select <u>all</u> that apply) b. General vocational readiness "soft skills" training d. None of the above   |  |  |  |
| 5.                            | What best describes the client's student status for the 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   | e majority of the past 6 months? (Select <u>one</u> best answer)  |  |  |  |
| 6.                            | If the client was employed in this period, what best de (Select one best answer. Leave blank if client has been unen a. Employed full time b. Er c. Employed part time d. Er e. Self-employed (full-time) f. Se g. Employed seasonal/temporary full time h. E i. Paid but non-competitive work (including sheltered j. Volunteer (not paid) (Count volunteer time as employed seasonal) (Count volunteer time as employed seasonal) | mployed full time, but with staff support nployed part time, but with staff support If-employed (part-time) Imployed seasonal/temporary part time Work, transitional employment programs, BRS, etc.) Isloyed when responding to question 7) |  |  |  |
| 7.                            | Did the client spend any time this period unemployed  |   |  |  |  |
|                               | 1 1   | s) (Do not enter "6" months if any items circled in question 6)   |  |  |  |
| 8.                            | Does the client receive Supplemental Security Income Yes No   |   |  |  |  |
| 9.                            | Was this client pregnant during the past 6 months?  | Yes No If Yes, complete Addendum I.   |  |  |  |
| 10.                           |   | onths? (Select "Yes" even if for brief period of time. Indicate <u>regardless</u> Yes No. <b>If Yes complete Addendum II</b>  |  |  |  |

| II. DIS | SCHARGE: Complete this section ONLY for clients discharged from your YAS program in this period.   |  |  |  |  |
|---------|--|--|--|--|--|
| 11.     | What was/were the reason(s) for this client's discharge from YAS? (Select all that apply)  a. Client no longer requires this high 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 adherent to treatment plan or to program rules  h. Client is incarcerated.  i. Client cannot be located.  j. Client died.  |  |  |  |  |
| 11a.    | From the list of items above, indicate the single most important reason for discharge:   |  |  |  |  |
| 12.     | Upon discharge, was the client referred to any of the following? (Select <u>all</u> that apply. Leave blank if not referred to any services.)  a. DMHAS-operated non-YAS treatment program  b. DMHAS-funded non-profit non-YAS treatment program  c. Other non-YAS community provider. <i>Specify:</i> d. Another YAS program. <i>Specify:</i>   |  |  |  |  |
| 13.     | If there was a referral, did YAS provide linkage to the program(s) where the client was referred?  Yes No Not Applicable (no referrals)  |  |  |  |  |
| 14.     | Was the discharge planned together with the client? Yes No   |  |  |  |  |
| 15.     | What describes this client's status at the time of discharge? (Select all that apply)  a. Client has a high school (HS) diploma or GED (include those who had a diploma/GED at intake).  b. Client is employed.  c. Client is living in their own home/apartment, with or without a roommate. (If you select this response, also select f below)  d. (no longer an option)  e. Client is a responsible parent.  f. Client is NOT unhoused, incarcerated, couch-surfing, in a shelter, or in a hospital. (Includes anyone living with family, in a group home, supervised apartment setting, in their own home)  g. Client has completed post-HS vocational school, certificate program, or college (include those who had a diploma/certificate at intake)  h. Client is attending post-HS vocational school, certificate program, or college.  i. Client has a driver's license.  j. None of the above.  k. Other. Specify: |  |  |  |  |
| 16.     | What educational/employment accomplishment(s) did the client achieve while engaged in YAS (prior to discharge)?  (Select all that apply)  a. Client obtained a HS diploma or GED (do not include those who had a diploma/GED at intake).  b. Client participated in GED classes or attended high school.  c. Client completed a certificate training such as CNA, Peer Specialist, etc.  d. Client attended college.  e. Client matriculated into a college program.  f. Client graduated from a college program.  g. Client was employed for a period of time while engaged in YAS.  h. Client participated in noncompetitive employment opportunities (e.g., volunteer work, YAS Biz, BRS, pre vocational training programs, stipend programs, work training programs, CW Resources, School Transition programs, Marrakech, etc.)  |  |  |  |  |

Fuzzy ID #: \_\_\_\_\_

# YAS Progress Report Addendum I: Pregnancy Report Complete only if #9 on page 1 was answered "Yes"

|     | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
|-----|--|--|--|--|--|
| 1.  | How old was this client when they became pregnant? (This pregnancy)years old   |  |  |  |  |
| 2.  | How long was the client in the YAS program prior to becoming pregnant? (Select one answer)                                 |  |  |  |  |
|     | 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 referral to your program, was this client: (Select <u>one</u> answer)  |  |  |  |  |
|     | 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)                           |  |  |  |  |
|     | f. Living with family g. Other residential   |  |  |  |  |
|     | h. Out of state  |  |  |  |  |
|     | i. In another YAS program. <i>Specify:</i>   |  |  |  |  |
| 4a. | When the client was aged 14-18, where did they live for the majority of the time? (Select one answer)                      |  |  |  |  |
|     | 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)                            |  |  |  |  |
|     | f. Living with family g. Other residential   |  |  |  |  |
|     | h. Out of state  |  |  |  |  |
| 5.  | Did this client previously give birth to other children?   |  |  |  |  |
|     | Yes No If yes, number previous children:   |  |  |  |  |
| 6.  | Number of children in this client's care (not counting pregnancy in this period): (Enter "0" if none)                      |  |  |  |  |
| 7.  | If this client is no longer pregnant, indicate reason: (Select <u>one</u> answer)  |  |  |  |  |
|     | a. Client had abortion, miscarriage, or still birth.   |  |  |  |  |
|     | b. Pregnancy came to term and client released baby to adoption.  |  |  |  |  |
|     | c. Pregnancy came to term and DCF took custody. <i>Specify</i> :   |  |  |  |  |
|     | 1. DCF took custody of the child at the hospital.  |  |  |  |  |
|     | 2. DCF took custody of the child at a later date.  |  |  |  |  |
|     | d. Pregnancy came to term and client gave custody to family member.  |  |  |  |  |
| 8.  | e. Pregnancy came to term and client retained custody.  How adherent was client to prenatal treatment? (Select one answer) |  |  |  |  |
| ο.  | a. Not at all adherent   |  |  |  |  |
|     | b. Somewhat adherent   |  |  |  |  |
|     | c. Mostly adherent   |  |  |  |  |
|     | d. Completely adherent   |  |  |  |  |
| 9.  | Did this client receive Perinatal Support Services/BSEB (including parenting education, doula)?                            |  |  |  |  |
|     | Yes No   |  |  |  |  |
| 10. | If the client has delivered, are they currently using birth control?   |  |  |  |  |
|     | Yes No Unknown   |  |  |  |  |
| 11. | Was the client referred to other community agencies for support during pregnancy/childbirth?                               |  |  |  |  |
|     | Yes No <i>If yes, specify</i> :  |  |  |  |  |
| 12. | Was this client a direct DCF referral?   |  |  |  |  |
|     | Yes No Information unavailable   |  |  |  |  |
|     | Fuzzy ID #:  |  |  |  |  |

# YAS Progress Report Addendum II: Parenting Report Complete only if #10 on page 1 was answered "Yes"

| 1.<br>1A. | What best describes this client's role with their child(ren)? (Select one answer)  a. At least one child lives with client full-time, and the client is the legal guardian.  b. At least one child lives with client full-time, but the client is not the legal guardian.  c. Client shares custody of at least one child, who lives part-time with the client.  d. Client is an active, but non-custodial, parent (e.g., a father who parents, but is not the primary caretake  e. Other situation. Specify:  Is the client in the process of reunification with their child(ren)? |  |   | not the primary caretaker)                    |  |
|-----------|---|--|---|---|--|
|           | Yes   |  | Unknown   |   |  |
| 2.        | a. YAS Perinatal Sudoula) b. Nurturing Famil c. DCF Intensive Fad. DCF Differential e. Other formal su  Specify: f. Other natural sug. No supports h. Birth to Three  | this client recei<br>pport Services/l<br>ies<br>mily Preservatio<br>Response Servic<br>pports (e.g., per<br>upports (e.g., far | ive in the past 6 months?  Birth Support Education and Beyond (BSEB) (income  on  ces  rinatal/parent education support services that a  mily, friends) <i>Specify:</i> | cluding parenting education, are not listed). |  |
| 3.        | If custody of one or more children has been lost to DCF, indicate the <u>current</u> age of the child(ren):  (Select <u>all</u> that apply)  a. 0-3 months (If <u>more than 1</u> in this age range, <i>indicate number</i> :)  b. 4-6 months (If <u>more than 1</u> in this age range, <i>indicate number</i> :)  c. 7-12 months (If <u>more than 1</u> in this age range, <i>indicate number</i> :)  d. 1-3 years (If <u>more than 1</u> in this age range, <i>indicate number</i> :)  e. Older than 3 years (If <u>more than 1</u> in this age range, <i>indicate number</i> :)  |  |   |   |  |
| 4.        | If custody of one or more children was lost to DCF (#3 above), how many children were lost in the past 6 months?  |  |   |   |  |
| 5.        | Is this client parenting biological or adopted children in their home?  |  |   |   |  |
|           | Yes   | No   | If yes, indicate ages:  |   |  |
| 6.        | Does this client ha   | ve other biologi   | cal or adopted children not in their care?  |   |  |
|           | Yes   |  | If yes, indicate ages:  |   |  |
| 7.        | parent)   |  | dren who are not their own? (e.g., because livir  |   |  |
|           |   |  | If yes, indicate ages:  |   |  |
| 8.        | Is this client currently using birth control?   |  |   |   |  |
|           | Yes   | No   | Not Applicable, client pregnant   | Unknown                                       |  |