

Young Adult Services (YAS) Reports

Progress, Discharge, Pregnancy, & Parenting Reports

General Instructions:

- Please complete a:
 - **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.
 - **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:
 - **Addendum I: Pregnancy Report** if the client has been pregnant during the past 6 months (i.e., if you selected "Yes" for #9 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: Harini.Buch@ct.gov

Morgan Reiss: Morgan.Reiss@ct.gov

*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 sophia.dominguez-perez@ct.gov or 860-418-6963.

Question by Question 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 **unemployment**. 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.

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*).

II. DISCHARGE: Complete this section ONLY for clients discharged from your YAS program in this period.	
11.	<p>What was/were the reason(s) for this client's discharge from YAS? (Select <u>all</u> that apply)</p> <p>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.</p>
11a.	From the list of items above, indicate the <u>single most important</u> reason for discharge: _____
12.	<p>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.)</p> <p>a. DMHAS-operated non-YAS treatment program b. DMHAS-funded non-profit non-YAS treatment program c. Other non-YAS community provider. Specify: _____ d. Another YAS program. Specify: _____</p>
13.	<p>If there was a referral, did YAS provide linkage to the program(s) where the client was referred?</p> <p>Yes _____ No _____ Not Applicable (no referrals) _____</p>
14.	Was the discharge planned together with the client? Yes _____ No _____
15.	<p>What describes this client's status at the time of discharge? (Select <u>all</u> that apply)</p> <p>a. Client has a high school (HS) diploma or GED (<u>include those who had a diploma/GED at intake</u>). b. Client is employed. c. Client is living in their own home/apartment, with or without a roommate. (<i>If you select this response, also select f below</i>) d. (no longer an option) e. Client is a responsible parent. f. Client is NOT unoused, incarcerated, couch-surfing, in a shelter, or in a hospital. (<i>Includes anyone living with family, in a group home, supervised apartment setting, in their own home</i>) g. Client has completed post-HS vocational school, certificate program, or college (<u>include those who had a diploma/certificate at intake</u>) 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: _____</p>
16.	<p>What educational/employment accomplishment(s) did the client achieve while engaged in YAS (prior to discharge)? (Select <u>all</u> that apply)</p> <p>a. Client obtained a HS diploma or GED (<u>do not include those who had a diploma/GED at intake</u>). 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 (<i>e.g., volunteer work, YAS Biz, BRS, pre vocational training programs, stipend programs, work training programs, CW Resources, School Transition programs, Marrakech, etc.</i>)</p>

YAS Progress Report Addendum II: Parenting Report

Complete only if #10 on page 1 was answered "Yes"

1.	What best describes this client's role with their child(ren)? (Select <u>one</u> 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 caretaker) e. Other situation. Specify: _____
1A.	Is the client in the process of reunification with their child(ren)? Yes _____ No _____ Unknown _____
2.	What supports did this client receive in the past 6 months? (Select <u>all</u> that apply) a. YAS Perinatal Support Services/Birth Support Education and Beyond (BSEB) (including parenting education, doula) b. Nurturing Families c. DCF Intensive Family Preservation d. DCF Differential Response Services e. Other formal supports (e.g., perinatal/parent education support services that are not listed). Specify: _____ f. Other natural supports (e.g., family, friends) Specify: _____ g. No supports h. Birth to Three
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, indicate number: _____) b. 4-6 months (If <u>more than 1</u> in this age range, indicate number: _____) c. 7-12 months (If <u>more than 1</u> in this age range, indicate number: _____) d. 1-3 years (If <u>more than 1</u> in this age range, indicate number: _____) e. Older than 3 years (If <u>more than 1</u> in this age range, indicate number: _____)
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 have other biological or adopted children not in their care? Yes _____ No _____ If yes, indicate ages: _____
7.	Is the client actively parenting children who are not their own? (e.g., because living with the children's parent) Yes _____ No _____ If yes, indicate ages: _____
8.	Is this client currently using birth control? Yes _____ No _____ Not Applicable, client pregnant _____ Unknown _____