

KY Kids Recovery Program & AHARTT DISCHARGE STATUS & SERVICE ENCOUNTER INFORMATION

For use at discharge for clients (ages 12-21 years old) of clinicians (1) in programs that received Attorney General funds under Kentucky Kids Recovery Program and (2) clinicians who received AHARTT-sponsored training in Functional Family Therapy or Cognitive Behavior Therapy

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The paper version of the Kentucky Kids Recovery Program and AHARTT **Discharge and Service Information** is for educational purposes only. Use the online data collection program by logging in to the secure client information system at: <https://ukcdar.uky.edu/kykids>

If you must complete this form on paper (i.e., internet is down), please enter the information into the online data collection program **within 7 days** of the interview date to maintain validity of data.

Clinician/staff member, this information is to be entered from program records and does not require conducting an interview with the client.

All client information is confidential (with identifiers stored separately from intake responses), is encrypted (or scrambled) such that only those with a specific key can read them, and can only be accessed by authorized staff. This information is used for matching this data to intake survey and follow-up survey data.

1. Client's name: First _____ Last _____
2. What is the client's date of birth? ____/____/____

I. DISCHARGE STATUS INFORMATION

Note: If you are recording this information on the paper version, please enter the interview data into the web data collection survey within 7 days.

1. Please check the box if the client received an assessment only (i.e., no treatment services) at your program. (*Skip the rest of the items on this survey. Data collection is complete for this client*)
2. Date of discharge for this treatment episode [Date the client was discharged from this treatment episode] (*if applicable*) OR Date KY KIDS funding ends (*if the client is continuing treatment at your program after KY Kids Recovery funding ends*):
_____MM/_____DD/_____YYYY
3. Reason for discharge
Voluntary by client or client caregiver and:
1 = Met all program expectations for goal attainment
2 = Met most program expectations for goal attainment
3 = Met very few program expectations for goal attainment
4 = Met no program expectations for goal attainment
Involuntary by staff due to:
5 = Failure to participate
6 = Infraction of major program safety or health standards (using substances on the premises)
7 = Illegal non-violent acts (selling substances, theft, unlawful taking, etc.)
8 = Violence or aggression toward staff or clients
9 = Other reason for voluntary discharge, please specify: _____
10 = Other reason for involuntary discharge, please specify: _____
11 = KY Kids Recovery funding is ending and the client will continue to receive treatment at your program

(If the response to #3 is response options 5 through 8, ask #4 and #5, otherwise skip to #6)

(If the response to #2 is response option 10, skip to Section II)

4. If the client's discharge is involuntary, please select one of the following statements as it pertains to the client's progress during treatment:
1 = Met all program expectations for goal attainment
2 = Met most program expectations for goal attainment
3 = Met very few program expectations for goal attainment
4 = Met no program expectations for goal attainment
5. The client's involuntary discharge from this treatment program involves the following outside agents (*Select all that apply*)
1 = Parent/caregiver removes client
2 = Child protective service action (DCBS)
3 = Juvenile Court or Juvenile Justice
4 = Law enforcement
5 = Other, please specify: _____
6 = None
6. Please select one of the following responses to indicate if there are any conditions for potential readmission of this client to this program.
1 = Client can be freely readmitted
2 = Client can be readmitted after a set period of time
3 = Client should not be considered for readmission

II. SERVICE ENCOUNTER INFORMATION

1. Please indicate which types of evidence-based treatments were used with this client

	No	Yes
a. Adolescent Community Reinforcement Approach (ACRA)		
b. Cognitive Behavior Therapy	0	1
c. Contingency Management	0	1
d. Family Behavior Therapy	0	1
e. Functional Family Therapy	0	1
f. Motivational Enhancement Therapy	0	1
g. Seeking Safety	0	1
h. Seven Challenges	0	1
i. Trauma-Focused Cognitive Behavioral Therapy	0	1
j. Other evidence-based therapy, please specify: _____	0	1

2. Please enter data about the number of each type of service provided to the client in each month from the date of treatment intake to the discharge date into the grid that appears. The example grid below presents 5 months between treatment intake and discharge. Month 1 is the month in which the client was admitted to this treatment episode. If you are entering this data on the paper copy because of technological problems (i.e., internet is down) and this treatment episodes spans more than 5 months please use the supplemental grid to document service encounters in months 6 – 1.

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Outpatient Services are defined as services conducted in a professional office or program setting lasting less than 3 hours. Case management may either be in the office or in the field. Please enter the number of sessions.						
Outpatient counseling – individual						
Outpatient counseling – group						
Outpatient counseling – family with client						
Outpatient counseling – parent/caregiver only						
Outpatient case management – face-to-face						
Outpatient case management – telephone contacts						
In home services (consists of professional staff making home visits to meet with clients and family)						
Intensive outpatient services are defined as services conducted in a professional office or program setting lasting at least 3 hours and at least 3 days per week. Case management may either be in the office or in the field. Please enter the number of sessions.						
Intensive outpatient counseling -- individual						
Intensive outpatient counseling – group						
Intensive outpatient counseling – family with client						
Intensive outpatient counseling – parent/caregiver only						

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Intensive outpatient case management – face-to-face						
Intensive outpatient case management – telephone contacts						
Residential services are defined as including short and long-term 24/7 residential stays for treatment. Case management may either be in the office or in the field as follow-up care. Please enter the number of days for residential detox or treatment OR the number of contacts for case management.						
Residential non-medical detoxification (# of days)						
Residential treatment (# of days)						
Residential case management – face-to-face (# of contacts)						
Residential case management – telephone contacts (# of contacts)						
Recovery supports are defined as face-to-face and telephone contacts to encourage clients and/or discharged clients in continued agreement with recovery-oriented behaviors. Please enter the number of contacts.						
Recovery support – face-to-face by peer support specialist						
Recovery support – face-to-face by clinical staff						
Recovery support – telephone by peer support specialist						
Recovery support – telephone by clinical staff						

Please use the supplemental pages if the treatment episode spans more than 5 months.

	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Outpatient Services are defined as services conducted in a professional office or program setting lasting less than 3 hours. Case management may either be in the office or in the field. Please enter the number of sessions.						
Outpatient counseling – individual						
Outpatient counseling – group						
Outpatient counseling – family with client						
Outpatient counseling – parent/caregiver only						
Outpatient case management – face-to-face						
Outpatient case management – telephone contacts						
In home services (consists of professional staff making home visits to meet with clients and family)						
Intensive outpatient services are defined as services conducted in a professional office or program setting lasting at least 3 hours and at least 3 days per week. Case management may either be in the office or in the field. Please enter the number of sessions.						
Intensive outpatient counseling -- individual						
Intensive outpatient counseling – group						
Intensive outpatient counseling – family with client						
Intensive outpatient counseling – parent/caregiver only						
Intensive outpatient case management – face-to-face						
Intensive outpatient case management – telephone contacts						

	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Residential services are defined as including short and long-term 24/7 residential stays for treatment. Case management may either be in the office or in the field as follow-up care. Please enter the number of days for residential detox or treatment OR the number of contacts for case management.						
Residential non-medical detoxification (# of days)						
Residential treatment (# of days)						
Residential case management – face-to-face (# of contacts)						
Residential case management – telephone contacts (# of contacts)						
Recovery supports are defined as face-to-face and telephone contacts to encourage clients and/or discharged clients in continued agreement with recovery-oriented behaviors. Please enter the number of contacts.						
Recovery support – face-to-face by peer support specialist						
Recovery support – face-to-face by clinical staff						
Recovery support – telephone by peer support specialist						
Recovery support – telephone by clinical staff						

Thank you for entering this information.