

CLIENT DISCHARGE FORM

GENERAL PROCEDURES

The Client Discharge Form is completed for each client discharged from a treatment program component, regardless of reason, after being admitted to that program and receiving regularly scheduled, face-to-face services based upon an individualized treatment plan. A client must be discharged on SAMS when any of the following situations occur:

- The treatment plan has been completed.
- The client voluntarily leaves the program before treatment is completed.
- The client is inaccessible (moved, dead, in prison, etc.).
- The client has not returned for treatment in the last 90 days (outpatient components only).

The Drug Matrix Form and a Discharge Assessment must be completed at the time of discharge. You have up to 120 days to enter discharges into SAMS

CLIENT DISCHARGE DATA

NAME: Enter the client's name. Always use the client's given name. For example, if the client's name is "Robert" use "*Robert*", not "Bob".

ACCOUNT NUMBER: This is a system generated number that will be put on the form after the client information and client admission data has been input and saved.

PROGRAM #: Three-digit identifier assigned to your facility by AMDD. See code list in Appendix A (Section 25) for a complete list of valid values.

FACILITY NUMBER: Three-digit number assigned to all facilities connected to a program, including the main facility. These numbers are assigned by provider staff.

DISCHARGE DATE: Enter the actual date of discharge, not the day the report was completed. There are eight spaces for the month, day and year. **The date of discharge must always be the date the client received his/her last clinical face-to-face contact or the date the last case management was performed.** Treatment has concluded at the last clinical contact, the date entered on this line. However, services like monitoring may continue after this date.

EXAMPLE: If client was discharged from your program on June 22, 2008, you would enter: *06222008*.

REFERRING TO PROGRAM: If the client is being referred **to another treatment program**, enter either a state approved program code or a non-state approved program code from the code tables in Appendix A (Section 25). This field may be left blank.

REFERRING TO AGENCY: If the client is being referred to a community agency or individual, enter the description from list in Appendix A (Section 25). This is a required field.

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DISCHARGE REASON: Using the values listed below; indicate the reason the client is being discharged. This is a required field.

- **TREATMENT PLAN COMPLETE:** Always use this option if the client successfully completed treatment.
- **CLIENT LEFT VOLUNTARILY BEFORE TREATMENT COMPLETED:** The client chose to leave the program before completion of the treatment plan.
- **CLIENT IS INACCESSIBLE:** The client moved, died, is in prison or is otherwise inaccessible. Do not use this code for clients referred to other treatment facilities.
- **CLIENT LEFT AT REQUEST OF STAFF:** The client did not complete treatment and left the program at the request of the program staff.
- **CLIENT REFERRED TO ANOTHER PROGRAM:** The client is referred to another treatment program.

NUMBER OF ARRESTS IN THE LAST 30 DAYS: Enter the number of times the client has been arrested in the last 30 days regardless of whether the arrest(s) resulted in a conviction. This is to include all arrests, not just the ones associated with the client's alcohol or drug use. This is a required field and is one of the National Outcome Measures.

EMPLOYMENT STATUS: Using the descriptions listed below, indicate if the client is legally employed (includes self-employment) at the time of admission. To qualify as being employed, the client's earnings must be subject to income taxes. For example, stipends and welfare payments are not taxable; therefore, the client receiving these monies would not be considered employed. Homemaker status does not count as employment. Full-time student status does not count as employment. This is a required field and is one of the National Outcome Measures.

- **EMPLOYED FULL TIME:** Client works at least 35 hours per week. This option includes service in the armed forces.
- **EMPLOYED PART TIME:** Client works less than 35 hours per week, but more than 15 hours per week. Include Day Laborers in this category.
- **UNEMPLOYED:** Client has been looking for work within the last 30 days or is on layoff from a job.
- **NOT IN LABOR FORCE:** Includes homemaker, full-time student, working less than 15 hours per week, disabled, retired, institutionalized or not having looked for work within the last 30 days.
- **PUBLIC ASSISTANCE BENEFITS DEPLETED:** Client is unemployed and has depleted his/her public assistance benefits.

DETAILED NOT IN LABOR FORCE: Using the values below to provide more detailed information, this field is required for those clients who are coded as **“Not in Labor Force”** in the Employment Status field. This is one of the National Outcome Measures.

- Homemaker
- Student
- Retired
- Disabled

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- Inmate of institution (prison or institution that keeps a person, otherwise able, from entering the labor force).
- Other

LIVING ARRANGEMENTS: This item indicates the client's living arrangements at the time of discharge. This is a required field and is one of the National Outcome Measures. Valid values and their descriptions are listed below:

- **HOMELESS:** Clients with no fixed address; includes shelters or depending on family and friends for shelter (not as a taxable dependent).
- **DEPENDENT LIVING:** Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care.
- **INDEPENDENT LIVING:** Clients living in a domicile where individual pays rent or mortgage or owns outright without supervision.

HAS THE CLIENT PARTICIPATED IN A SELF-HELP GROUP, SUPPORT GROUP (E.G., AA, NA, ETC.) IN THE LAST 30 DAYS? Mark "Yes" if a client has participated in a group outside of a treatment setting; otherwise, mark "No". This is the Social Connectedness question required for the Block Grant.

Starting in January 2009, the Federal Contractor Synectics began collecting frequency data for the Social Connectedness question. It is a required field. Valid values for the frequency of Attendance in Last 30 days are:

- None – No attendance in the last month.
- 1 to 3 – 1-3 times in past month.
- 4 to 7 – 4-7 times in past month.
- 8 to 15 – 8-15 times in past month.
- 16 to 30 – 16-30 times in past month.
- Some – Some attendance, but frequency unknown.

COMMENTS: Enter any relevant comments about the client or the discharge.

FINALIZE DISCHARGE

HAS A DISCHARGE DRUG MATRIX FORM BEEN COMPLETED? Mark either "Yes" or "No". A discharge Drug Matrix Form **must** be completed before discharge and it needs to be attached to the Discharge Form before submitting the discharge to the data coordinator.

HAS A DISCHARGE ADDICTION SEVERITY INDEX FORM BEEN COMPLETED? Mark either "Yes" or "No". An ASI is required at discharge for all contracted providers.

SAMS users must remember to Finalize the Discharge after they have input the above data.