

CLIENT FOLLOW-UP FORM

GENERAL PROCEDURES

The Client Follow-Up Form is completed for each client discharged from a treatment program with the intention of providing continued contact with a discharged client to support and increase gains made to date in the recovery process and to gather relevant data. All programs are required to have comprehensive follow-up procedures for all discharged clients.

The SAMS Client Follow-Up Form is only required for discharged clients who have completed treatment and are listed on the Client Follow-Up Report. Client Follow-Up Forms are not required for clients transferred to a different component within a program, ACT Program participants, clients discharged from Detoxification, clients who did not complete treatment or clients who only received an evaluation/diagnosis without being admitted.

SAMS will provide programs with a Client Follow-Up Report. This report will identify those former clients who meet the above criteria and for whom a SAMS Follow-Up Form is due. The follow-up date (due date) on this report is six months (180 days) or one year (365 days) after the client's date of discharge. Programs are allowed a 30-day "grace period" (plus or minus 30 days) before or after this due date to complete the Client Follow-Up Form. **The Follow-Up Date (Item 4) on the Client Follow-Up Form must fall within this "grace period".**

CLIENT FOLLOW-UP 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.

FOLLOW-UP TYPE: Mark the type of follow-up being conducted: *6-month* or *1-year*.

FOLLOW-UP DATE: This date must fall within the time range given on the **Client Follow-Up Report** provided by SAMS. If the client is accessible (information could be obtained), use the date you contacted him/her and obtained the information, not the date this report was completed. If the former client was not accessible (information could not be obtained), use the date you attempted to contact the client. There are eight spaces for the month, day and year and they **must** all be completed.

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

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IS FORMER CLIENT ACCESSIBLE? Mark “Yes” if the client was accessible (information could be obtained), and continue filling out the form. Mark “No” if the client was not accessible (information could not be obtained), and do not complete the remaining fields.

LIVING ARRANGEMENTS: This item indicates the client’s living arrangements at the time of admission. 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.

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

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FREQUENCY OF USE (6 MONTHS): Using the descriptions listed below; indicate how frequently the client has been using the problem drug since completing treatment. This is a required field.

- No use since treatment.
- No use during **month** prior to follow-up.
- Used during **month** prior to follow-up.

FREQUENCY OF USE (1 YEAR): Using the descriptions listed below; indicate how frequently the client has been using the problem drug since completing treatment. This is a required field.

- No use since treatment.
- No use during **6 months** prior to follow-up.
- Used during **6 months** prior to follow-up.

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.

EFFECTIVENESS INDICATORS

This information may be obtained from the client directly or from another appropriate source such as probation officer or family member if a release of information has been obtained from the client. The information is to indicate if there have been problems since discharge from treatment. Complete those items that are applicable for the client.

HOW MANY TIMES HAS THE CLIENT BEEN ARRESTED SINCE DISCHARGE?: Enter the number of times the client has been arrested since discharge 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.

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.

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HAS HAD A PAROLE/PROBATION VIOLATION?: Mark “Yes” if the client has had a parole/probation violation since being discharged from your program.

HAS HAD A DUI ARREST?: Mark “Yes” if the client has had a DUI since being discharged from your program. This could be a first offense or a multiple offense.

HAS BEEN READMITTED TO A TREATMENT PROGRAM?: Mark “Yes” if the client has been readmitted to any program for primary chemical dependency treatment since being discharged from your program.

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

A FOLLOW-UP ASSESSMENT BEEN HAS BEEN COMPLETED FOR THIS CLIENT? An ASI is required at follow-up for all contracted providers with accessible clients. Mark this box to note that the assessment has been completed.