NYS Office of Addiction Services and Supports

Client Discharge Report
FOR DISCHARGES DATED 10/01/2018 AND BEYOND

Provider Number __ __ __ __ __ **Program Number** __ __ __ __ __

Client ID __ __ __ __ __ __ __ __ __ __

Sex (at birth) ☐ Male ☐ Female ☐ X **Birth Date** __ __ /__ __/__ __ __ __ **Last 4 SSN** __ __ __ __ **Last Name 2 Letters** __ __ (Birth Name)

Date Last Treated __ __ / __ __ / __ __ __ __

Part 820 Program Element Information

Days in Stabilization _X_ _X_ Days in Rehabilitation _X_ _X_

Days in Reintegration (Congregate) _X_ _X_ Days in Reintegration (Scatter-Site) _X_ _X_

LOCADTR Information

Assessment ID __ __ __ __ __ __ __ **Created Date __ __/ __ __/ __ __ __ __**

Education at Discharge (if education at admission was entered incorrectly, it must be updated in "Client Management" online)

☐ No education	☐ 5th	☐ 10th	☐ Vocational Cert w/ Diploma/GED
☐ 1st	☐ 6th	☐ 11th	☐ Some College-No degree
☐ 2nd	☐ 7th	☐ High School Diploma	☐ Associates Degree
☐ 3rd	☐ 8th	☐ General Equivalency Diploma	☐ Bachelors Degree
☐ 4th	☐ 9th	☐ Vocational Cert w/o Diploma/GED	☐ Graduate Degree

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Employment

Employment Status

☐ Employed Full Time-35+ hrs/wk	☐ Not in Labor Force, Disabled	☐ Social Services Work Exp Program
☐ Employed Part Time-<35 hrs/wk	☐ Not in Labor Force, In Training	☐ Social Services Determined, Not Employed/Able to Work
☐ Employed in Sheltered Workshop	☐ Not in Labor Force, Inmate	
☐ Unemployed, Looking for Work	☐ Not in Labor Force, Retired	☐ Social Services Determined, Unable to Work, Mandated Treatment
☐ Unemployed, Not Looking for Work	☐ Not in Labor Force, Student	
☐ Not in Labor Force, Child Care	☐ Not in Labor Force, Other	☐ Unknown

Length of Employment at Discharge: ☐ 0-30 Days ☐ 31-60 Days ☐ 61-90 Days ☐ 91-120 Days ☐ 121+ Days

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Type of Residence

☐ Private Residence	☐ Residential Services for SUD/Congregate	☐ County operated or other local jail
☐ Homeless/Unstably Housed, Shelter	☐ Residential Services for SUD/Scatter-Site	☐ DOCCS operated prison
☐ Homeless/Unstably Housed, No Shelter	☐ MH/DD Community Residence	☐ Institution, Other (hospital, etc.)
☐ Single Resident Occupancy	☐ Other Group Residential Setting	☐ Other

Living Arrangements ☐ Living Alone ☐ Living w/ Non-Related Persons ☐ Living with Spouse/Relatives

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Primary Payment Source

☐ None	☐ Medicaid Pending	☐ Private Insurance – Fee for Service
☐ Self-Pay	☐ Medicare	☐ Private Insurance – Managed Care
☐ Medicaid	☐ DSS Congregate Care	☐ Other
☐ Medicaid Managed Care	☐ Department of Veterans Affairs	

Mental Health

Co-existing Psychiatric disorder	☐ Yes	☐ No
Ever Treated for mental illness	☐ Yes	☐ No
Ever Hospitalized for mental illness	☐ Yes	☐ No
Ever Hospitalized 30 or more days for mental illness	☐ Yes	☐ No

Gambling & Nicotine Goal Achievements

Gambling	Nicotine
☐ Achieved	☐ Achieved
☐ Partial Achievement	☐ Partial Achievement
☐ Not Achieved	☐ Not Achieved
☐ Not Applicable	☐ Not Applicable

***Total Treatment Visits* – For use only by Outpatient Programs (Excluding Opioid Treatment Programs)**

Total Treatment Visits ___ ___ ___ ___ Family Counseling Sessions ___ ___ ___ ___

Individual Counseling Sessions ___ ___ ___ ___

Group Counseling Sessions ___ ___ ___ ___

Recent History:

Number of Criminal Arrests in Prior 30 Days ___ ___ ***(or during treatment if stay was less than 30 days)***

Six Months Prior to Discharge (or during treatment if stay was less than 6 months)

Number of Criminal Arrests ___ ___ Days Incarcerated ___ ___ ___

Days Hospitalized ___ ___ Days in Inpatient Detox ___ ___

Number of ER Episodes ___ ___

Status of Alcohol and Other Drug Use at Discharge

Status of Problem Substances Reported at Admission		
	Substance*	Frequency of Use at Discharge
Primary		
Secondary		
Tertiary		

**Note: Substance(s) reported at admission will be pre-filled on the Client Data System*
**If treatment cycle is less than 30 days, this should be used. Please refer to PAS-45N Instructions.

Frequency of Use
No use in last 30 days**
1-3 times last 30 days
1-2 times per week
3-6 times per week
Daily

Status of <u>Different</u> Problem Substances Used and Not Reported at Admission (if any)

First Problem Substance

☐ None ☐ Alcohol ☐ Cocaine ☐ Crack ☐ Marijuana/Hashish ☐ Synthetic Cannabinoid ☐ Heroin ☐ Buprenorphine ☐ Non-Rx Methadone
☐ OxyContin ☐ Other Opiate/Synthetic ☐ Alprazolam (Xanax) ☐ Barbiturate ☐ Benzodiazepine ☐ Catapres (Clonidine) ☐ Other Sedative /Hypnotic ☐ Elavil ☐ GHB
☐ Khat ☐ Other Tranquillizer ☐ Methamphetamine ☐ Other Amphetamine ☐ Synthetic Stimulant ☐ Other Stimulant ☐ PCP ☐ Ecstasy ☐ Other Hallucinogen
☐ Ephedrine ☐ Inhalant ☐ Ketamine ☐ Rohypnol ☐ Over-the-Counter ☐ Other

Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ Other
Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Second Problem Substance

☐ None ☐ Alcohol ☐ Cocaine ☐ Crack ☐ Marijuana/Hashish ☐ Synthetic Cannabinoid ☐ Heroin ☐ Buprenorphine ☐ Non-Rx Methadone
☐ OxyContin ☐ Other Opiate/Synthetic ☐ Alprazolam (Xanax) ☐ Barbiturate ☐ Benzodiazepine ☐ Catapres (Clonidine) ☐ Other Sedative /Hypnotic ☐ Elavil ☐ GHB
☐ Khat ☐ Other Tranquillizer ☐ Methamphetamine ☐ Other Amphetamine ☐ Synthetic Stimulant ☐ Other Stimulant ☐ PCP ☐ Ecstasy ☐ Other Hallucinogen
☐ Ephedrine ☐ Inhalant ☐ Ketamine ☐ Rohypnol ☐ Over-the-Counter ☐ Other

Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ Other
Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Third Problem Substance

☐ None ☐ Alcohol ☐ Cocaine ☐ Crack ☐ Marijuana/Hashish ☐ Synthetic Cannabinoid ☐ Heroin ☐ Buprenorphine ☐ Non-Rx Methadone
☐ OxyContin ☐ Other Opiate/Synthetic ☐ Alprazolam (Xanax) ☐ Barbiturate ☐ Benzodiazepine ☐ Catapres (Clonidine) ☐ Other Sedative /Hypnotic ☐ Elavil ☐ GHB
☐ Khat ☐ Other Tranquillizer ☐ Methamphetamine ☐ Other Amphetamine ☐ Synthetic Stimulant ☐ Other Stimulant ☐ PCP ☐ Ecstasy ☐ Other Hallucinogen
☐ Ephedrine ☐ Inhalant ☐ Ketamine ☐ Rohypnol ☐ Over-the-Counter ☐ Othe

Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ Other
Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Nictoine

Frequency of Use in Past 30 Days (if stay is less than 30 days report use since admission or since last OTAU (for Opioid treatment programs):
☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Date Last Used: Month __ __ Year __ __ __ __ (not entered if stay is less than 30 days)
Primary Route of Administration: ☐ Smoking ☐ Vaping ☐ Chewing

Physical Health-Related Conditions

Asthma	☐ Yes ☐ No	☐Unknown	
Treated for Asthma during this treatment episode		☐ Yes ☐ No	
Hypertension	☐ Yes ☐ No	☐Unknown	
Treated for Hypertension during this treatment episode		☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	☐Unknown	
Treated for Diabetes during this treatment episode		☐ Yes ☐ No	
HIV Status	☐ Known to be Positive	☐ Known to be Negative	☐ Unknown
Tested for HIV during this treatment episode		☐ Yes ☐ No	☐ Unknown
Hepatitis B Status	☐ Known to be Positive	☐ Known to be Negative	☐ Unknown
Tested for Hepatitis B during this treatment episode		☐ Yes ☐ No	☐ Unknown
Hepatitis C Status	☐ Known to be Positive	☐ Known to be Negative	☐ Unknown
Tested for Hepatitis C during this treatment episode		☐ Yes ☐ No	☐ Unknown
Result of TB Test	☐ Known to be Positive	☐ Known to be Negative	☐ Unknown
Treated for Latent TB during this treatment episode		☐ Yes ☐ No	

Discharge Reason & Referral Information

Discharge Status
☐ Completed Treatment: All Goals Met
☐ Completed Treatment: Half or More Goals Met
☐ Treatment Not Completed: Maximum Benefit/Clinical Discharge
☐ Treatment Not Completed: Some Goals Met
☐ Treatment Not Completed: No Goals Met

Discharge Disposition (CHECK ONE)
☐ Additional treatment at this level of care no longer necessary
☐ Further treatment at this level unlikely to yield added clinical gains
☐ Left against clinical advice: Formal referral made/offered
☐ Left against clinical advice: Lost to contact (no referral possible)
☐ Left against clinical advice: Termination of third-party funds
☐ Discharged due to non-compliance: program rules
☐ Discharged due to non-compliance: violence
☐ Discharged due to non-compliance: illegal substance use
☐ Discharged due to non-compliance: possession of contraband
☐ Client arrested/incarcerated
☐ Client could no longer participate for medical/psych. reasons
☐ Client death
☐ Client relocated
☐ Program closed

Referral Disposition (CHECK ONE)
☐ No referral made
☐ Client not in need of additional services
☐ Referred back to SUD* program
☐ Referred to other SUD* program
☐ Referred to Mental Health Program
☐ Referred to non-SUD* or non-MH treatment
☐ Referred to Gambling Program
☐ Refused referral

**SUD-Substance Use Dependence*

Is the client currently attending substance use self-help group meetings (last 30 days)?
☐ ***Yes*** ☐ ***No***

Referral Category (CHECK ONE)

Substance Use Disorder (SUD) Programs
☐ SUD Program in New York State
☐ SUD Program Out of State
☐ SUD VA Program
☐ SUD Private Practitioner

Health Institutions
☐ Hospital
☐ Hospital and Continuing Care
☐ Hospital (Long Term)/ Nursing Home
☐ Hospital (Long Term)/ Nursing Home and Continuing Care
☐ Nursing Home, Long Term Care
☐ Nursing Home, Long Term Care and Continuing Care
☐ Group Home, Foster Care
☐ Group Home, Foster Care and Continuing Care

Mental Health Programs
☐ Mental Health Community Residence
☐ Mental Health Community Residence and Continuing Care
☐ Mental Health Inpatient
☐ Mental Health Inpatient and Continuing Care
☐ Mental Health Outpatient
☐ Mental Health Outpatient and Continuing Care
☐ Intellectual/Developmental Disabilities Program
☐ Intellectual/Developmental Disabilities Program and Continuing Care

Recovery Support Services
☐ Recovery Community and Outreach Center
☐ Youth Clubhouse
☐ Peer Advocate
☐ Open Access Center
☐ Family Support Navigator
☐ Regional Addiction Resource Center

****
☐ Other Referral
☐ Other Referral and Continuing Care
****
☐ No Referral Made
☐ Refused Referral
☐ Continuing Care Only

Evaluation of Client's Goal Achievement

Drug Use
☐ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Alcohol Use
☐ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Medical Conditions
☐ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Social Functioning
☐ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Vocational/Educational
☐ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Legal
☐ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Family Situation
☐ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Emotional Functioning
☐ Achieved
☐ Partial Achievement
☐ Not Achieved
☐ Not Applicable

Medication for Addiction Treatment (MAT):

Was MAT offered by this program during this treatment episode?
☐ Yes
☐ No

Was MAT prescribed by this program during this treatment episode? (Skip this question if No was entered for Was MAT offered by this program during this treatment episode?)
☐ Yes
☐ No
☐ Declined

Addiction Medications Used During Treatment
CHECK ALL THAT APPLY. *Select* ***"NONE"*** *if no addiction medications were used*

☐ Methadone
☐ Buprenorphine
☐ Zyban/Wellbutrin
☐ Naltrexone (Revia)
☐ Naltrexone (Vivitrol)
☐ Antabuse
☐ Nicotine Lozenges
☐ Nicotine Gum
☐ Nicotine Patch
☐ Chantix
☐ Campral
☐ Naloxone (Narcan, Nalone, Narcanti)
☐ Vaccines (NicVAX)
☐ Clonidine (Catapres)
☐ Baclofen (Kemstro, Lioresal, Liofen)
☐ Gabapentin (Neurontin)
☐ Other Addiction Medications
☐ None

Trauma

Client ever experience/witness trauma that impacts current life experience?	☐ Yes	☐ No	☐ Unknown	☐ Refused to Answer
Client treated for trauma?	☐ Yes	☐ No		
Client ever a victim of Domestic Violence/Intimate Partner Violence?	☐ Yes	☐ No	☐ Unknown	☐ Refused to Answer
Client treated for Domestic Violence/Intimate Partner Violence?	☐ Yes	☐ No		
Client ever a perpetrator of Domestic Violence/Intimate Partner Violence?	☐ Yes	☐ No	☐ Unknown	☐ Refused to Answer
Client treated for perpetrating Domestic Violence/Intimate Partner Violence?	☐ Yes	☐ No		

Orientation to Change *(For use only by Residential Rehabilitation for Youth Programs or Other Program Types Participating in Special Projects with OASAS)*
Which statement best characterizes this patient's orientation to change with respect to alcohol/drug use at the time of discharge?
☐ Ambivalent
☐ Change Oriented
☐ Planning Change
☐ Active Early Recovery
☐ Ongoing Recovery and Recurrence Prevention

For Provider Use (Optional)

_____	_____	_____
Signature	**Title**	**Date**