DISCHARGE SUMMARY PLAN

(Must be completed within 30 days of the last face-to-face session.)

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| Client Name: | Client ID#: | Discharge Date: | Admit Date: | Date of Last Face to Face: |
| **Type of Discharge and Reason for Discharge. Check all that apply.**1. □ Successful: Treatment Plans/Goals Reached and Discharged with a Planned Exit
2. □ Satisfactory: Left with Satisfactory Progress & plans/goals partially met but without a Planned Exit
3. □ Unsatisfactory: Discharged with poor progress in complying, poor achievement of treatment plans/goals.
4. □ Transferred: Transferred or referred to another program, moved, other level of SUD/MH care, medical.
5. □ Terminated: Termination of services due to repeated non-compliance (i.e., violations, threats of violence, under the influence on program premises).

Additional Comment: |
| **Prognosis - Circle One: Excellent Good Fair Poor Guarded Unstable** |
| **Instructions:** Based on the client’s most recent treatment plan, identify treatment plan goals index #s (domains) and Stage of Change that the client will continue to work on as part of their Discharge and Continuing Care Plan.**Index of Challenges / Barriers:** INCLUDE RELAPSE TRIGGERS AND CLIENT SUPPORT PLAN (i.e., organizations, individuals) **1)** Substance Use Disorder **2)** Mental Health **3)** Physical Health **4 )**Employment/Education **5)** Financial/Housing **6)** Legal **7)** Psycho-Social /Family **8)** Spirituality **\*Stage of Change:** **A.)** Pre-Contemplation **B.)** Contemplation **C.)** Preparation **D.)** Action **E.)** Maintenance  **R.)** Relapse |
| **Index#** | **Stage** | **Description of Client’s Discharge Plan** |
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| **Was the client advised** of their Title 22 Sec 51341.1 Fair Hearing Rights if the discharge was involuntary? Circle: **Yes No N/A**The counselor’s Narrative Summaryof the Treatment Episode includes presenting problem, treatment provided and final outcome. The narrative summary **must** also include a reference to all of the following: Current Drug Usage; Legal Issues and/or Criminal Activity; Vocational/Educational Achievements; Living Situation and Referrals. |
| **Counselor Narrative Summary:** |
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| **Client Comments:** |
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| **Client Signature:** |  | **Counselor Signature:** |  |
| **Print Client Name Date** | **Print Counselor Name Date** |
| **You have my permission to contact me during the next 6 months as a follow-up to my treatment. Yes No Client Initial:**  |

If the client is unavailable to sign this document the counselor must document efforts to contact the person.