CONTINUING SERVICES JUSTIFICATION - EXTENSION

Behavioral Health Services Department

Substance Use Treatment Services

Client Name: [Redacted]  Client Id: [Redacted]

Admit Date: 7/14/17  Discharge Date: 7/14/17  PROGNOSIS: ☐ Good  ☐ Guarded  ☐ Poor

Reason for Discharge:

☐ Completed treatment/recovery plan, goals / Referred  ☐ Completed treatment/recovery plan, goals / NOT referred
☐ Left with satisfactory progress / Referred  ☐ Left with Unsatisfactory progress / Referred
☐ Left with satisfactory progress / NOT referred  ☐ Left with Unsatisfactory progress / NOT Referred
☐ Death
☐ Incarceration

☐ INVOLUNTARY Discharge
☐ Prior to discharge this client was informed of their Medi-Cal Fair Hearing Rights
☐ Attempts made to contact client without success (documented in the Progress Notes)

Discharge Summary: ____________________________________________________________ 7/14/17

Counselor Printed Name, Credential & License # / Signature  Date

☐ VOLUNTARY Discharge

Discharge Summary: ____________________________________________________________ 7/14/17

Counselor Printed Name, Credential & License # / Signature  Date

CONTINUING CARE PLAN – (collaboration with the client on how to address and avoid triggers)

☐ Problems with physical health issues:
☐ Emotional/Behavioral or Cognitive problems:
☐ Problems with primary support:
☐ Problems related to social environment:
☐ Educational or occupational problems
☐ Housing problems:
☐ Economic problems:
☐ Problems related to interaction with the legal system:
☐ Other psychosocial, temptations and environmental problems:

SUPPORT PLAN (positive supports in their life):

☐ I have received a copy of my Discharge Plan  ☐ I do not want a copy of my Discharge Plan

___________________________________________ / ________________________________ 7/14/17
Client Printed Name / Signature  Date

___________________________________________ / ________________________________ 7/14/17
Counselor Printed Name, Credential & License # / Signature  Date