

# Dane County Department of Human Services

## Comprehensive Community Services – Discharge Summary

1202 Northport Drive, Madison, WI 53704  
(608) 242-6415



Client Name:		DOB:
Date of Admission:	Date of Discharge:	

### Reason for Discharge

- CCS participant achieved discharge criteria outlined in their Recovery Plan.
- CCS participant no longer wants psychosocial rehabilitation services.
- The whereabouts of the CCS participant are unknown for at least 3 months despite diligent efforts to locate CCS participant.
- CCS participant refuses CCS services for at least 3 months despite diligent outreach efforts by providers to engage CCS participant.
- CCS participant enters a long-term care facility for medical reasons and is unlikely to return to community living.
- CCS participant is deceased.
- Dane County CCS psychosocial rehabilitation services are no longer needed and/or individual no longer eligible.  
*(please check appropriate box below)*
  - CCS participant is no longer eligible for Medicaid funding.
  - CCS participant has moved from the geographic service area.
  - CCS participant is enrolling in another behavioral health case management program (CSP/TCM).
  - CCS participant is enrolled in long-term care services and their needs are being met through long-term care programming (CLTS, Family Care, Partnership, IRIS).
  - CCS participant is residing in Residential Care Center (RCC) for extended duration.
  - CCS participant is incarcerated for extended duration.

### Explain Reason:

**Status/Condition at Discharge:** (include progress toward Recovery Plan outcomes)

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**Circumstances that would suggest a renewed need for CCS services:**

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**Follow-Up Services after Discharge:**

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**I have been provided with, or offered a copy of my Discharge Summary.**

Client Signature:	Date:
Parent/Guardian Signature [if applicable]:	Date:
Service Facilitator Signature:	Date:
Mental Health Professional Signature:	Date:
Substance Abuse Professional Signature:	Date:

**CSDF must be submitted with Discharge Summary, see next page!**



# DANE COUNTY MENTAL HEALTH CONSUMER STATUS DATA FORM – 2014\*

Last Revised April, 2014

Client: County ID #: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Agency \_\_\_\_\_ County Program # \_\_\_\_\_ Report Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 County of Residence (if not Dane) \_\_\_\_\_ Referral Source (see codes on page 2) \_\_\_\_\_ Staff Initials \_\_\_\_\_

### Legal/Commitment Status (circle 1 code)

1. None (voluntary involvement)
2. Settlement Agreement
3. Involuntary Civil - Chapter 51
4. Involuntary Civil - Chapter 55
5. Involuntary Criminal
6. Guardianship Only
9. Unknown

### Presenting Problem(s) (circle up to 3 codes)

1. Marital / Family
2. Social / Interpersonal
3. Coping with daily roles and activities
4. Medical / Somatic
5. Depressed mood / Anxious
6. Attempt, threat or danger of suicide
7. Alcohol
8. Drugs
9. Involvement with Criminal Justice System
10. Eating disorder
11. Disturbed thoughts
12. Victim of Abuse, Assault or Rape
13. Runaway behavior
14. Emergency detention
99. Unknown

### BRC Target Population (circle 1 code)

- H - Need Ongoing, High Intensity, Comprehensive Services  
 L - Need Ongoing, Low Intensity, Comprehensive Services  
 S - Need Short-term Situational Services

Principal/Primary Diagnosis (ICD-10): \_\_\_\_\_

**Effective October 1st, 2015, all service authorizations with a start date on October 1, 2015 or later will need to use the ICD-10 diagnosis codes. Services authorizations that started prior to October 1 will use the ICD-9 diagnosis codes.**

If BRC Target Population is "S", stop here. If BRC is H or L, the entire form must be filled.

Psychosocial & Environmental Stressors (circle 1 code)	
0 - Inadequate Information	4 - Severe
1 - None	5 - Extreme
2 - Mild	6 - Catastrophic
3 - Moderate	

Health Status (circle 1 code)	
1 - No health condition	5 - Unstable / Incapable
2 - Stable / Capable	6 - New Symptoms / Capable
3 - Stable / Incapable	7 - New Symptoms / Incapable
4 - Unstable / Capable	9 - Unknown

Suicide Risk (circle 1 code)	
1 - No risk factors	3 - High potential for suicide
2 - Presence of risk factors	9 - Unknown

Living Arrangement (circle 1 code)	
1. Street, shelter, no fixed address, homeless	
2. Private residence or household; living alone or with others without supervision; includes persons age 18 and older living with parents (ADULTS ONLY)	
3. Supported residence (ADULTS ONLY)	
4. Supervised licensed residential facility	
5. Institutional setting, hospital, nursing home	
6. Jail or correctional facility	
7. Child under age 18 living with biological or adoptive parents	
8. Child under age 18 living with relatives, friends	
9. Foster Home	
10. Crisis stabilization home/center	
11. Other living arrangement	
99. Unknown	

Employment Status (circle 1 code)	
1. Full-time competitive employment (35 or more hours/week)	9. Not in the labor force - jail, correctional or other institutional facility
2. Part-time competitive employment (less than 35 hours/week)	10. Not in the labor force - sheltered non-competitive employment
3. Unemployed (but looking for work in past 30 days)	11. Not in the labor force - other reason
5. Not in the labor force - homemaker	12. Supported competitive employment
6. Not in the labor force - student	98. Not applicable - Children 15 and under
7. Not in the labor force - retired	99. Unknown
8. Not in the labor force - disabled	

Daily Activity (circle up to 3 codes)	
1. No educational, social or planned activity	
2. Part-time educational activity	
3. Full-time educational activity	
4. Social activity	
5. Volunteer or planned activities	
6. Other respected status	
9. Unknown	

Criminal Justice System Involvement within the last 6 months (circle up to 4 codes)	
1 - None	5 - On parole
2 - On probation	6 - Juvenile Justice System
3 - Arrest(s)	9 - Unknown
4 - Jailed / Imprisoned	

Number of Arrests in the Past 30 Days (circle code AND enter number)	
0-98	Number of arrests _____
99	Unknown

Number of Arrests in the Past 6 Months (circle code AND enter number)	
0-98	Number of arrests _____
99	Unknown

=====ADDITIONAL INFORMATION=====

Referral Source			
Code	Value	Code	Value
1	Self	13	IV Drug Outreach Worker
2	Family, friend, or guardian	14	Other
3	AODA program/provider (includes AA, Al-Anon)	15	Drug court
4	Inpatient hospital or residential facility	16	OWI court - monitors the multiple OWI offender
5	School, college	17	Screening Brief Intervention Referral Treatment (SBIRT)
6	IDP - Court	18	Mental health program/provider
7	IDP - Division of Motor Vehicle (DMV)	19	Hospital emergency room
8	Corrections, probation, parole	20	Primary care physician or other health care program/provider
9	Other court, criminal or juvenile justice system	21	Law enforcement, police
10	Employer, Employee Assistance Program (EAP)	22	Mental health court
11	County social services	23	Homeless outreach worker
12	Child Protective Services agency	99	Unknown

This form must be filled out for all Mental Health clients initially, and every six months by the System Wide Case Manager for BRC Target Population "H" and "L" clients.