Date:

MAPNET Discharge Form 1. Discharge Date: ____ (Month) ____ (Year) 2. Age at Time of Discharge: ____ (Years) 3. Primary Psychosis Diagnosis at Time of Discharge: _____ 4. Was this the client's first time in the program? Yes, this is their first time through the program and first time being discharged - 1 No, the client has been admitted and discharged from the program before - 0 ↔ Number of previous admissions/discharges from the program: _____ Don't know - 98 5. Reason for Discharge Completed program, graduated, or services no longer indicated due to client improvement - 1 Program termination by client/family (e.g. explicitly requests to discontinue program) – 2 Travel, distance, or transportation – 2.1 Not interested – 2.2 Other – (Specify: _____) – 2.3 Client is no longer available or eligible to participate – 3 Client moved out of area served (for reasons other than options noted below) – 3.1 Client is pursuing a positive opportunity elsewhere (e.g., school, employment, training) - 3.2 Client does not display signs and symptoms that lead to the inclusion of a covered diagnosis and/or an established level of impairment - 3.3 Client has reached limit for length of allowable stay - 3.4 Client incarcerated - 3.5 Client admitted to state hospital - 3.6 Client admitted to residential program - 3.7 Client deceased (by suicide) - 3.8 Client deceased (by other means) - 3.9 Other (Specify: _____) - 3.10 Unable to contact/program termination due to disengagement (as defined by program) - 4 Program completion with transition into stepped care at this site - 5 Transferred to provider outside CSC program (other than state hospital/residential program) - 6 Other (Specify: _____) - 7 6. At time of discharge, the treatment team felt None A few Some Most All N/A that overall, client's goals: 1 2 3 4 5 97 \square ... for treatment were met ... for symptom management were met ... with respect to reducing substance use were met \square \square ... for education were met ... for employment were met

Date: _____

6a. If education was interrupted, has client returned	6b. If work was interrupted, has client returned to
to school?	work?
Has not returned to school - 0	Has not returned to work - 0
Returned to school part-time - 1	Returned to work part-time - 1
Returned to school full-time - 2	Returned to work full-time - 2
Not applicable - 97	Not applicable – 97
Don't know - 98	🗌 Don't know – 98
Other (Specify:) - 3	Other (Specify:) - 3
7. Was the team able to coordinate appropriate follow-up s No – 0 Yes - 1 Recommendations for follow-up services provid Unsure - 98	
7a. <u>If NO</u> , specify reason:	
7b. <u>If YES</u> , indicate any referrals made for services None - 0 Medication management - 1 Psychotherapy (individual, group, or fan Supported employment and/or education Higher level of service (i.e. in-patient ho Other (Specify:) - Does not apply - 97	onal/occupational services - 3 ospitalization, PHP) - 4
	that were outside your agency : (<i>Check all that apply</i>)
None - 0	
Medication management - 1	
Psychotherapy (individual, group, or fai	
Supported employment and/or educatio	
Higher level of service (i.e. in-patient ho	
Other (Specify:) -	5
Does not apply - 97	
8. What level of care will the client receive moving forward	ds?
No further services at this time - 0	
Primary care provider - 1	
\Box Community mental health clinician – 2	
Another specialized early psychosis program - 3	3
Higher level of care (eg. hospital, residential pro	
Information unavailable - 98	
Other (Specify:) – 5	

Client Discharge Self-Report Form

Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole? Not at all Completely 0 1 2 3 4 5 6 7 8 9 10 satisfied satisfied If you need support for your mental health in the future, how confident are you that you know where to get help? Verv Not at all confident 2 3 5 7 8 confident 0 1 4 6 9 10

Client Satisfaction Questionnaire

Please help us improve the program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help.

Circle your answer:

1. How would you rate the quality of service you have received?

1	2	3	4
Poor	Fair	Good	Excellent

2. Did you get the kind of service you wanted?

1	2	3	4
None of my needs have	Only a few of my needs	Most of my needs have	Almost all of my needs
been met	have been met	been met	have been met

3. To what extent has our program met your needs?

1	2	3	4
	Only a few of my needs	Most of my needs have	Almost all of my needs
been met	have been met	been met	have been met

4. If a friend were in need of similar help, would you recommend our program to him or her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

Date:

5. How satisfied are you with the amount of help you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied
ave the services you re	eceived helped you to deal m	nore effectively with your	problems?
1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
n an overall, general se	ense, how satisfied are you v	vith the service you have	received?
1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied
-	to be most helpful in this pro	-	
1 2			
1 2 3 What changes would y 1	you suggest to improve this	program in the future?	
1. 2. 3. What changes would y 1. 2.	you suggest to improve this	program in the future?	
1. 2. 3. What changes would y 1. 2.	you suggest to improve this	program in the future?	
