



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**RECOVERY RESIDENCE REPORTS**

REV. 05/20/2024

## REVISIONS

Date	Slides	Revisions
05/20/2024	3,6	Update BHSD 3509 CCP RR Admission/Discahrges report name

# TABLE OF CONTENT

PAGE 4 | [BHSD 2506 RR CLIENT DISPOSITION REPORT](#)




PAGE 5 | [BHSD 2511 RR DISPOSITION DISCHARGES REPORT](#)

PAGE 6 | [BHSD 3509 CCP RR ADMISSIONS/DISCHARGES REPORT](#)

PAGE 7 | [BHSD 3513 RR ADMISSIONS/DISCHARGES CLIENT REPORT](#)


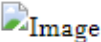
# BHSD 2506 RR CLIENT DISPOSITION REPORT

The RR Client Disposition Report encompasses the full client disposition form. This includes the portion the Capacity Management Unit (CMU) Team fills on the client disposition as well as the Client Disposition Admission and Client Disposition Discharge forms the Recovery Residence fills out.

 <b>SANTA CLARA COUNTY</b> Behavioral Health Services		<b>BHSD 2506</b> <b>Recovery Residence Client Disposition</b>	
Client Name: TEST,STEPH	Episode Number:	Placement List Date: 2/1/2023	
Client ID:	Program: ySUTS Adult RR -		
DOB: 1/1/1990			
Authorization #	Unicare #	Case #	
Referring Provider:			
Contact Name:	Contact Phone:		
OP Provider:			
OP Intake Date:			
Referral Client Type			
Criminal Justice Status	Bed Type:		
Max LOS, Days:	Number of Beds Reserved:		
PO Pretrial:	Phone:	Fax:	
Parole Officer:	Phone:	Fax:	
Judge	Phone:		
Social Worker:	Phone:	Fax:	
Placement Effective Date:			
Recovery Residence Provider:			
Recovery Residence House Assigned:			
Recovery Residence House Address:			
Client Admission Date:		Reason for Non-Admission:	
Recovery Residence Coordinator Name:			
Coordinator Signature Date:			
Coordinator Signature:			
Discharge Date:		Beds at Discharge:	
Discharge Reason:			
Cause:			
Referred to			
Post Discharge Living Arrangement:		Permanent?	
Name:		Date:	
Final Signature:			

# BHSD 2511 RR DISPOSITION DISCHARGES REPORT

The RR Disposition Discharges Report displays the client's information inputted in the Client Disposition Discharge form.

		<h2>Recovery Residence Client Disposition Discharge</h2>	
Client Name:		Program:	
Client ID:	Episode Number:	Data Entry By:	
DOB:	Placement List Date:		
Recovery Residence Provider:			
Recovery Residence House Assigned:			
Recovery Residence House Address:			
Client Admission Date:		Discharge Date:	
Recovery Residence Coordinator Name:			
Discharge Reason:			
Cause:			
Beds at Discharge:			
Referred to:			
Post Discharge Living Arrangement:		Permanent?	
Name:			
		Signature Date:	
		SignatureTime:	

# BHSD 3509 RR ADMISSION/DISCHARGES REPORT

RR Admission/Discharges Report displays all of the client's currently enrolled in a Recovery Residence within a specified date range. It also details Admission/Discharge dates as well as sort by Room and Board Billing Code. This report should be run periodically to check for clients that are close to 90 days Length of Stay to see if they need an extension.



## BHSD 3509 Recovery Residences Admission/Discharges by Program 2/1/2023 to 4/1/2023

ySUTS - Adult RR

### AB109

<u>PATID</u>	<u>Referral Client Type</u>	<u>Request Date</u>	<u>Admission Date</u>	<u>RD Admit Date</u>	<u>Discharge Date</u>	<u>LOS</u>	<u>LOS</u> <u>2/1/2023:</u> <u>4/1/2023:</u>
	CJS	02/14/2023	02/27/2023	02/27/2023	02/27/2023	0	0
	Mental Health Court	12/09/2022	12/19/2022	12/19/2022	03/19/2023	90	46
	CJS	03/03/2023	03/10/2023	03/10/2023	03/13/2023	3	3
	CJS	11/28/2022	12/05/2022	12/05/2022		212	59
	CJS	01/26/2023	02/06/2023	02/06/2023		149	54
	CJS	02/01/2023	02/08/2023	02/08/2023	02/10/2023	2	2

Total Unduplicated Clients for AB109: 22

Total Bed Days for AB109 from 2/1/2023 to 4/1/2023:574

### CGF

<u>PATID</u>	<u>Referral Client Type</u>	<u>Request Date</u>	<u>Admission Date</u>	<u>RD Admit Date</u>	<u>Discharge Date</u>	<u>LOS</u>	<u>LOS</u> <u>2/1/2023:</u> <u>4/1/2023:</u>
	Self	03/09/2023	03/20/2023	03/20/2023		107	12
	Self	02/22/2023	03/01/2023	03/01/2023	03/09/2023	8	8
	Self	02/16/2023	02/22/2023	02/22/2023		133	38

# BHSD 3513 RR ADMISSION/DISCHARGES CLIENT REPORT

RR Admission/Discharges Client Report shows the details of Admission/Discharge of a particular client such as which Room and Board Billing Code the client is placed under.



## Recovery Residence Admission/Discharge

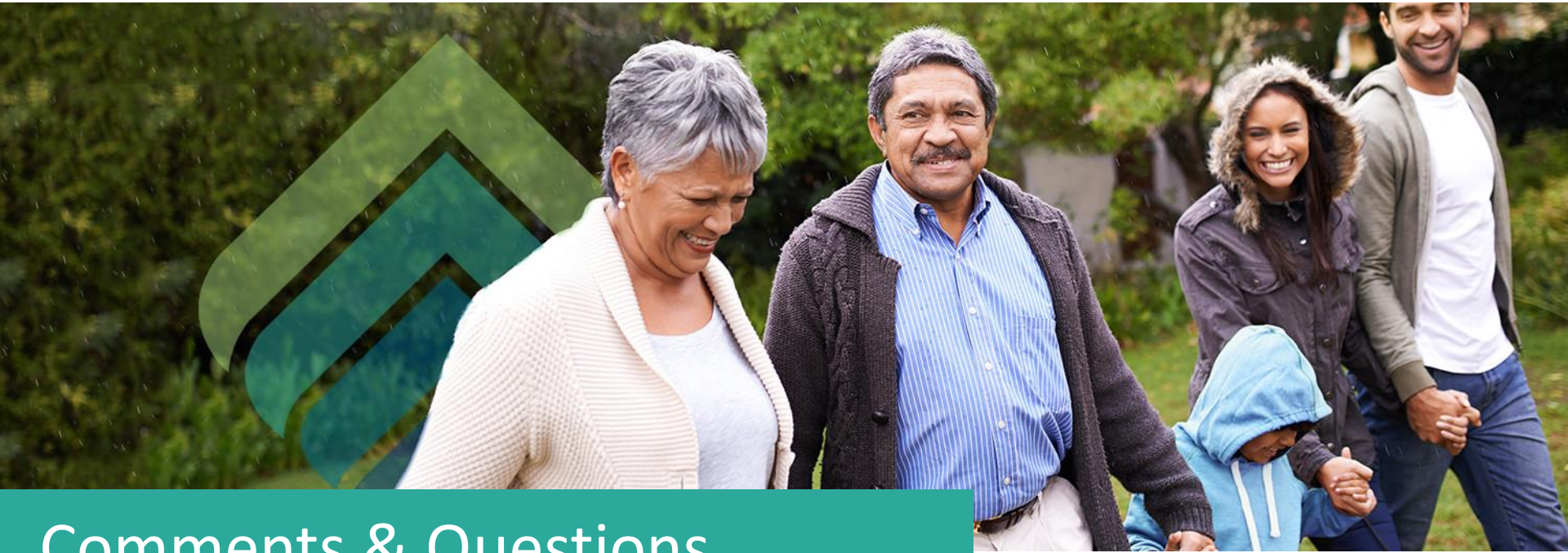
Client Name : TEST,STEPH  
Client ID:2790  
Client DOB: 1/1/1990  
Gender: Female

Program: ySUTS Adult RR - [REDACTED]  
Episode#: 9  
Admission Date: 2/1/2023  
Discharge Date:

Ethnicity:Central American Race: Alaska Native Age:33 SSN:000-00-0000  
County:Santa Clara Zip:95111  
City:San Jose  
Source of Admission: No Entry  
Unit:  
Room:  
Bed:  
Licensed/Unlicensed:  
Room and Board Billing Code:  
Admitting Practitioner: TRAN,STEPHANNIE  
Admission Note:

Reason for Referral:

Data Entry:



# Comments & Questions