

SMART DISCHARGE

Client's Name: _____ *Client ID:* _____

DATE OF DISCHARGE: _____

Reason for Discharge

- | | |
|---|---|
| <input type="checkbox"/> Completed Treatment no further treatment needed | <input type="checkbox"/> Incomplete Treatment/Health Problems |
| <input type="checkbox"/> Completed Treatment Plan/Referred | <input type="checkbox"/> Incomplete Treatment/Incarcerated |
| <input type="checkbox"/> Incomplete Client Left Before Completing Treatment | <input type="checkbox"/> Incomplete Treatment Referred |
| <input type="checkbox"/> Incomplete Non-Compliance-Program Rules | |
| <input type="checkbox"/> Incomplete Treatment/Death | |

Discharge Referral

- | | |
|--|--|
| <input type="checkbox"/> Level 0.5 Early Intervention | <input type="checkbox"/> Level III.1 Clinically Managed Low Intensity Residential Treatment |
| <input type="checkbox"/> Level I Outpatient | <input type="checkbox"/> Level III.5 Clinically Managed High Intensity Residential Treatment |
| <input type="checkbox"/> Level I-OMT Opioid Maintenance Therapy | <input type="checkbox"/> Level III.7 Medically Monitored Intensive Inpatient Treatment |
| <input type="checkbox"/> Level II.1 Intensive Outpatient | <input type="checkbox"/> Level IV Medically Managed Intensive Inpatient Services |
| <input type="checkbox"/> Level II.5 Partial Hospitalization | <input type="checkbox"/> No Treatment Referral |
| <input type="checkbox"/> Level III.3 Clinically Managed Medium Intensity Residential Treatment | <input type="checkbox"/> OMT.D Opioid Maintenance Therapy Detox |

of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services.

- | | |
|--|--|
| <input type="checkbox"/> No attendance in the past month | <input type="checkbox"/> 8-15 times in the past month |
| <input type="checkbox"/> 1-3 times in the past month | <input type="checkbox"/> 16-30 times in the past month |
| <input type="checkbox"/> 4-7 times in the past month | |

Number of Arrests During Last 30 Days: _____

Is Client Currently Pregnant? ☐ Yes
☐ No

Living Arrangement

- ☐ Child/Adol. Foster Care ☐ Dependent Living ☐ Group Home ☐ Halfway House ☐ Hospital, Nursing Home ☐ Independent Living ☐ Jail/Prison ☐ Private Residence ☐ Residential SA Trt. ☐ Shelter ☐ Sober Living Facility ☐ Street/Outdoors

Employment Status:

- | | |
|---|--|
| <input type="checkbox"/> Attending School Full Time, not working | <input type="checkbox"/> Incarcerated (cannot work) |
| <input type="checkbox"/> Disabled (unable to work) | <input type="checkbox"/> Other, Out of Work Force |
| <input type="checkbox"/> Employed Full Time (35 hours or more) | <input type="checkbox"/> Retired/Permanently Out of Work |
| <input type="checkbox"/> Employed Part Time in steady job | <input type="checkbox"/> Unemployed, Full Time Student |
| <input type="checkbox"/> Homemaker Full Time | <input type="checkbox"/> Unemployed, not seeking work |
| <input type="checkbox"/> In Skill Development, Training or School | <input type="checkbox"/> Unemployed, seeking work |
| <input type="checkbox"/> Unemployed | |

Primary Income Source

- ☐ Disability
- ☐ Other
- ☐ Public Assistance/TCA
- ☐ Retirement/Pension
- ☐ Self-Employment
- ☐ Unemployment Compensation
- ☐ Unknown
- ☐ Wages/Salary

Education Status _____

For grades 1-12 enter the number

13 College coursework

14 Earned College AA/Associates

15 Earned BA/BS

16 Post College/Graduate School

Veterans Status

- ☐ Never in Military
- ☐ On Active Duty
- ☐ Veteran – Never in combat
- ☐ Veteran – In Combat 0-6 months ago
- ☐ Veteran – In Combat 6-12 months ago
- ☐ Veteran – In Combat more than 12 months ago.

Explanation for Veterans Status.

When asking about a client's veterans status please select from the list documented here on the form only.

Please see attachment to complete Substance Matrix

Substance Matrix Chart to be Used to Indicate Substance Use at Admission and at Discharge

Substance	1=Substance most used or abused	2=Substance two	3=Substance three		
Severity	0=Not a problem (discharge only)	1=Mild Problem	2=Moderate Problem	3=Severe Problem	
Frequency	0=No use past month	1=1-3 times past month	2=1-2 times past week	3=3-6 times per week	4=Once Daily
	5=2-3 times daily	6=More than 3 times daily			
Route	1=Oral	2=Smoking	3=Inhalation	4=Injection	5=Other
Rating	Substance	Severity	Freq.	Route	Age/Use
	Alcohol				
	Amphetamines - Amphetamine				
	Amphetamines - Methamphetamine (Speed)				
	Amphetamines - Methylenedioxymethamphetamine (MDMA, Ecstasy)				
	Amphetamines - Other				
	Barbiturates - Phenobarbital (Solfoton)				
	Barbiturates - Secobarbital (Seconal)				
	Barbiturates - Secobarbital/Amobarbital (Tuinal)				
	Barbiturates - Other				
	Benzodiazepines - Alprazolam (Xanax)				
	Benzodiazepines - Chlordiazepoxide (Librium)				
	Benzodiazepines - Clonazepam (Klonopin, Rivotril)				
	Benzodiazepines - Clorazepate (Tranxene)				
	Benzodiazepines - Diazepam (Valium)				
	Benzodiazepines - Flunitrazepam (Rohypnol)				
	Benzodiazepines - Flurazepam (Dalmane)				
	Benzodiazepines - Lorazepam (Ativan)				
	Benzodiazepines - Triazolam (Halcion)				
	Benzodiazepines - Other				
	Cocaine - Crack				
	Cocaine - Other				
	Diphenylhydantoin/Phenytoin (Dilantin)				
	GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolactone)				
	Hallucinogens - LSD				
	Hallucinogens - Other				
	Inhalants - Aerosols				
	Inhalants - Nitrites				
	Inhalants - Solvents				
	Inhalants - Other				
	Ketamine (Special K)				
	Marijuana/Hashish				
	Meprobamate (Miltown)				
	Opiates/Synthetics - Codeine				
	Opiates/Synthetics - Heroin				
	Opiates/Synthetics - Hydralcodone (Vicodin)				
	Opiates/Synthetics - Hydromorphone (Dilaudid)				
	Opiates/Synthetics - Meperidine (Demoral)				
	Opiates/Synthetics - Non-Prescription Methadone				
	Opiates/Synthetics - Oxycodone (OxyContin, Percocet, Percodan)				
	Opiates/Synthetics - Pentazocine (Talwin)				
	Opiates/Synthetics - Propoxyphene				
	Opiates/Synthetics - Tramadol (Ultram)				
	Opiates/Synthetics - Other				
	Over The Counter - Diphenhydramine (Benadryl)				
	Over The Counter - Other				
	PCP or PCP Combination				
	Sedatives - Ethchlorvynol (Placidyl)				
	Sedatives - Glutethimide (Doriden)				
	Sedatives - Methaqualone (Quaaludes)				
	Sedatives - Other				
	Stimulants - Methylphenidate (Ritalin)				
	Stimulants - Other				
	Tranquilizers				
	Other Drug				

Were Mental Health Services Received? ☐ Yes ☐ No

Does client currently use tobacco?

- ☐ No tobacco use
- ☐ Cigarettes
- ☐ Cigars or Pipes
- ☐ Smokeless tobacco
- ☐ NA
- ☐ Combo/more than 1
- ☐ Other please describe: _____

Daily frequency of cigarette use: _____

Tobacco/Nicotine Screen

Have you ever used Tobacco/Nicotine products? ☐ Yes ☐ No ☐ Unknown

If yes, answer the rest of the questions on this page. Otherwise, go to next page.

Smoker Status

- ☐ Current every day smoker
- ☐ Current some day smoker
- ☐ Smoker, current status unknown
- ☐ Former smokers

At what age did you first use tobacco/nicotine product(s)?

- ☐ <=10
- ☐ 11-14
- ☐ 15-19
- ☐ 20-25
- ☐ 26-30
- ☐ >=31
- ☐ Unknown

In the past 30 days, what tobacco/nicotine product did you use most frequently?

- ☐ No tobacco use
- ☐ Cigarettes
- ☐ Cigars or Pipes
- ☐ Smokeless tobacco
- ☐ Combo/more than 1
- ☐ Other please describe: _____

In the past 30 days, how often did you use tobacco/nicotine product(s)? _____

In the past 30 days, how many cigarettes did you smoke per week? _____

DISCHARGE SPECIAL FUNDING/SPECIAL PROJECTS Special Funding

House Bill 1160 (HB 1160) Temporary Cash Assistance (TCA)
Senate Bill 512/495/Prenatal (SB 512/495)
Senate Bill 512/Post Partum (SB 512)

Primary Payment Source

- ☐ Primary Adult Care (PAC)
- ☐ ADAA (State Funding)
- ☐ DHMH Grant ADAA
- ☐ Medicaid Other than Healthchoice
- ☐ Healthchoice (MA)
- ☐ Medicare
- ☐ Non-Managed Private Insurance
- ☐ Private Managed Care/HMO
- ☐ Out of Pocket Payment
- ☐ Other Public Funds
- ☐ Drug Court
- ☐ Other

Additional Payment Source

- ☐ Primary Adult Care (PAC)
- ☐ ADAA (State Funding)
- ☐ DHMH Grant ADAA
- ☐ Medicaid Other than Healthchoice
- ☐ Healthchoice (MA)
- ☐ Medicare
- ☐ Non-Managed Private Insurance
- ☐ Private Managed Care/HMO
- ☐ Out of Pocket Payment
- ☐ Other Public Funds
- ☐ Drug Court
- ☐ Other

Available Ancillary Services

- ☐ Other Ancillary Referrals
- ☐ To Community Mental Health Services
- ☐ To Detox Services
- ☐ To General Hospital
- ☐ To Self Help Programs (AA, NA)

Current Educational Activities

K - 12 ☐ No ☐ Yes Vocational Training: ☐ No ☐ Yes
GED Program: ☐ No ☐ Yes Higher Education ☐ No ☐ Yes

Current Educational Activities

of individual counseling sessions: _____ # of urinalysis: _____
of group counseling sessions: _____ # of positive urinalysis: _____
of family counseling sessions: _____ # of days in detox: _____