

SMART DISCHARGE

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

DATE OF DISCHARGE: _____

Reason for Discharge

- Completed Treatment no further treatment needed
- Completed Treatment Plan/Referred
- Incomplete Client Left Before Completing Treatment
- Incomplete Non-Compliance-Program Rules
- Incomplete Treatment/Death
- Incomplete Treatment/Health Problems
- Incomplete Treatment/Incarcerated
- Incomplete Treatment Referred

Discharge Referral

- Level 0.5 Early Intervention
- Level I Outpatient
- Level I-OMT Opioid Maintenance Therapy
- Level II.1 Intensive Outpatient
- Level II.5 Partial Hospitalization
- Level III.3 Clinically Managed Medium Intensity Residential Treatment
- Level III.1 Clinically Managed Low Intensity Residential Treatment
- Level III.5 Clinically Managed High Intensity Residential Treatment
- Level III.7 Medically Monitored Intensive Inpatient Treatment
- Level IV Medically Managed Intensive Inpatient Services
- No Treatment Referral
- 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.

- No attendance in the past month
- 1-3 times in the past month
- 4-7 times in the past month
- 8-15 times in the past month
- 16-30 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:

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

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 - Hydrcodone (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 SPECIALFUNDING/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

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

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- 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: _____