

SMART DISCHARGE

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

DATE OF DISCHARGE: _____

Reason for Discharge

- Completed Treatment Plan
- 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.I Intensive Outpatient
- Level II.5 Partial Hospitalization
- Level III.3 Clinically Managed Medium Intensity Residential Treatment
- Level III.I 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

Number of Arrests During Treatment: _____

Number of Arrests During Last 30 Days: _____

Is Client Currently Pregnant? No Yes

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:

- Disabled
- Employment Full Time (35 hours or more)
- Employed Part Time (less than 35 hours)
- Homemaker Full Time
- In Skill Development, Training or School
- Incarcerated
- Other, Out of Work Force
- Retired/Permanently 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

of Days Attended AA/NA/Similar
Meetings in Last 30 Days _____

Education Status _____

- For grades 1-12 enter the number
13 Some College
14 Earned College AA/Associates
15 Earned BA/BS
16 Some Post College/Graduate School

Veterans Status

- Never in Military
- On Active Duty
- Veteran
- 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					

Was Mental Health Services Received? Yes No

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 Managed Care/Health Choice
- Medicaid Other than Health Choice
- Medicare
- Non-Managed Private Insurance
- Private Managed Care
- Out of Pocket Payment
- Other Public Funds
- Other

Additional Payment Source

(Choose a Maximum of 2)

- ADAA (State Funding)
- DHMH Managed Care/Health Choice
- Medicaid Other than Health Choice
- Medicare
- Non-Managed Private Insurance
- Other
- Other Public Funds
- Out of Pocket Payment
- Private Managed Care/HMO

Available Ancillary Services (Choose Maximum of 3)

- 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

Number of Individual Counseling Sessions: _____

Number of Group Sessions: _____

Number of Family Sessions: _____

Number of Urinalysis Tests: _____

Number of Positive Urinalysis Tests: _____