|  |  |  |
| --- | --- | --- |
|  |  |  Enrollment to be closed: [ ] Addiction Consult Service [ ] Bridge Clinic |
| Massachusetts Department of Public Health Logo  | **Disenrollment Assessment****Hospital SUD** | ⯈**ESM Client ID:** |
|  **Provider ID:** |
|  ***All Questions marked with a* ⯈ *must be completed Boxes marked with ¬ = Refer to key at end of form*** |
|  **First Name:** |  **Middle Initial** | **Last Name:** |  **Suffix** |
| ⯈ **Disenrollment Date:**  | **/ /** |  |
| *mm dd yyyy* |
| ⯈  **Disenrollment Reason:** Select one  |
|  Discharged from Hospital (Inpatient Stay) |  Discharged from ED  |  Transferred to inpatient psychiatric unit |  Patient declined referrals and ongoing care |  |
|  Left Against Medical Advice– (AMA)/As Patient-Directed Discharge |  Discharged from Bridge Clinic |  Transferred to another inpatient unit |  Lost to follow-up |  |
|  Administrative/non-compliant Discharge | Transferred to Medication for Addiction Treatment |  Transferred to another SUD Program |  Deceased |  |
| ⯈ | **1. Client Code:** | ⯈ **2. Intake/Clinician Initials:** |  |

|  |
| --- |
| ⯈ **3. Client referrals at Disenrollment** *Check all that apply. At least one item must be selected.* |
|[ ]  Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment |[ ]  HIV Prevention Program (PrEP) |[ ]  Transportation Support Service |
|[ ]  Referral Not Needed – Appropriate **Mental Health** Clinical Services Already in Place |[ ]  Hepatitis C Treatment Program (HCV) |[ ]  Dept. of Youth Services |
|[ ]  Referral Not Needed – Appropriate **Substance Use Disorder** Clinical Services Already in Place |[ ]  Infectious Disease Field Epidemiologist |[ ]  Dept. of Children and Families |
|[ ]  Referral Not made – Client Left Prior to Referral Process |[ ]  Syringe Service Program |[ ]  Dept. of Mental Health |
|[ ]  Referral Not made – Not Wanted by Client |[ ]  Mutual Aid or 12-Step Program |[ ]  Dept. of Developmental Services |
|[ ]  Acute Treatment Services (ATS)/Detox |[ ]  Other Harm Reduction Program |[ ]  Dept. of Public Health |
|[ ]  Transitional Support Services (TSS) |[ ]  Bridge Clinic |[ ]  Dept. of Transitional Assistance |
|[ ]  Clinical Stabilization Services (CSS-CMID) |[ ]  Other Substance Addiction Treatment |[ ]  Dept. of Early Education and Care |
|[ ]  Residential Treatment |[ ]  Community Behavioral Health Center (CBHC) |[ ]  Mass. Rehab. Commission |
|[ ]  Outpatient SUD Counseling |[ ]  Community or Religious Organization |[ ]  Mass. Commission for the Blind |
|[ ]  Opioid Treatment Program (OTP) |[ ]  Employment Support Service |[ ]  Mass. Comm. For Deaf & Hard of Hearing |
|[ ]  Office-based Opioid Treatment (OBOT) |[ ]  Financial Support Service |[ ]  Division of Medical Assistance/MassHealth |
|[ ]  Other Medication for Addiction Treatment |[ ]  Food Security Support Service |[ ]  Other State Agency |
|[ ]  Acupuncture |[ ]  Gambling Program |[ ]  Unknown |
|[ ]  Access to Recovery (ATR) |[ ]  Legal Support Service |  |  |
|[ ]  Sober House |[ ]  Mental Health Care Professional |  |  |
|[ ]  Recovery Support Center |[ ]  Non-Addiction Specialty Health Care Professional |  |  |
|[ ]  Recovery Coaching or Peer Support |[ ]  Other Behavioral Health Counseling |  |  |
|[ ]  Recovery High School |[ ]  Other Community Program or Service |  |  |
|[ ]  Recovery Exercise Program (e.g., Phoenix Gym) |[ ]  School Personnel, School System/College |  |  |
|[ ]  Mobile Addiction Services |[ ]  Shelter |  |  |

|  |  |  |
| --- | --- | --- |
|  | **4. Did you START Medication for Addiction Treatment while in this engagement (or encounter) with the bridge clinic or addiction consult services?** *If No, skip to end* |  Yes No  |
|  | **4a. Did you receive methadone treatment** *if Yes, skip to end, if No go to 42b-4c* |  Yes No  |
|  | **4b. Did you receive a prescription for buprenorphine or naltrexone (injectable or oral) treatment?** *Select Below* Buprenorphine (Suboxone, Sublocade, Brixadi) Extended release injectable naltrexone (Vivitrol) or oral naltrexone |  |
|  | **4c. Is your buprenorphine or naltrexone prescription for alcohol use disorder, opioid use disorder, or both?** Alcohol Use Disorder Opioid Use Disorder Both |