|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | 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 | |