WITS – DISCHARGE Form

Step 1: First enter **Encounters** (Units of Service) – "Add Encounter Record"

1. Note Type
2. Service (Level of Care)
3. Program Name
4. Start Date ____/_____/_____ [Leave End date Blank]
5. # of Service Units/Sessions (You may enter total versus each one separately) _____
6. Charge per unit $_____
7. Rendering Staff

Step 2: Dis-enroll client from Program

1. End Date ____/_____/_____
2. Termination Reason

DISCHARGE: (Status at Discharge)

1. Client Name _____ Client SSN _____
2. Disenrollment Type _____
3. Last Face to Face Contact ___/____/_____
4. Employment Status _____
5. Living Arrangements _____
6. # of Arrests in Prior 30 Days _____
7. # of Times participated in Self-Help past 30 days. _____
8. Primary Drug Type _____ Frequency of Use _____ Method _____
9. Secondary Drug Type _____ Frequency of Use _____ Method _____
10. Tertiary Drug Type _____ Frequency of Use _____ Method _____
11. Discharge Date ___/____/_____
12. Discharge Staff _____
13. Discharge Referral _____
14. Reason _____ (same as disenrollment type)
15. Deliberate Referrals (Other than SA Tx) _____
16. Did you recommend self-help group? **Yes** ____ **No** _____
17. If you did, Type of Therapy? _____
18. Legal History **00**-No Legal Involvement; **01**-Probation/Parole; **02**-Furlough; **03**-Awaiting Court; **04**-Serving Sentence
19. # of OUI Arrests during Tx? _____
20. Pregnancy Status: **Yes** ___ **No** ___ **Not Applicable** ___ **Unknown** _____ **Not Collected** _____
21. Marital Status **01**-Never Married; **02**-Now Married/cohabitating; **03**-Separated; **04**-Divorced; **05**-Widowed
22. Primary Payment Source: _____ Secondary_____ Tertiary _____
23. Health Insurance: _____
24. County of Residence: _____
25. Where were the Dependent Children while client was in Tx.? _____
26. Participated in School or Training while in Tx.: **Yes** ____ **No** _____
27. Medication Assisted Treatment: **Yes** ____ **No** _____
28. Has the degree of presenting physical/psychological dependence improved at discharge based on documentation in client's record? **Yes** _____ **No** _____ **Affected Other** _____
29. MH/MR Diagnosis: **NONE** ____ **DIAGNOSED MH DISORDER** ____ **MENTAL RETARDATION**___ **UNKNOWN** ___
30. How many psychiatric admissions to a hospital occurred during Tx? _____
31. Does client currently use tobacco? **Yes** ____ **No** _____ If Yes, Age at first use? _____ How often used in past 30 days ____ Route of Administration _____
32. Client is discharged. Do you want to close this case also? **Yes** ____ **No** _____

Answer values also listed on the back page

2 & 13. Disenrollment Type or Termination Reason

01 Client termination without Clinic agreement
02 Treatment is Complete
03 Further treatment is not appropriate for Client at this facility
04 Non-compliance with rules & regulations
05 Client refused service/treatment
06 Unable to follow program requirements
07 Client discharged for medical and/or psychological Tx
08 Client moved out of catchment area
09 Client cannot get to facility for further service
10 Client cannot come for Tx during facility hours
11 Client Incarcerated
12 Client Deceased
13 Parents/Legal Guardian withdrew client
14 Termination due to program cut/reduction
15 Treatment completed for Affected Other/co-dependent
16 Treatment not-completed for Affected Other/co-dependent
17 Evaluation Only
21 Evaluation Incomplete
22 Clients inability to pay/Loss of Health Insurance
23 Transferred to another substance abuse treatment program/facility
24 Transferred to Suboxone treatment

3. Employment Status

01 Full Time, >35 hours
02 Part Time, 17-34 hours
03 Irregular, <17 hours
04 Unemployed, sought work
05 Unempl., has not sought work
06 Not in Labor Force – employable or working now

5. Living Arrangements

01 Independent Living, Alone
02 Independent Living, w/others
03 Dependent Living, w/others
04 Homeless

7. Times in Self-Help

01 No attendance in the past month
02 1-3 times in past month
03 4-7 times in past month
04 8-15 time in past month
05 16-30 times in past month
06 Some attendance in past month, frequency unknown
97 Unknown

8-10. Drug Type

Alcohol
0100 Alcohol
Marijuana
0200 Marijuana
0250 Synthetic Cannabis (K2/Spice)
Cocaine/Crack
0301 Cocaine
0302 Crack
Heroin/Morphine
0401 Heroin
0402 Morphine
Methadone
0500 Methadone (Non-Rx)
Other Opiates and Synthetics
0601 Codeine
0602 D-Propoxyphene
0603 Oxycodone (Percodan)
0604 Oxycontin
0605 Meperidine HCL
0606 Hydromorphone
0607 Other Narcotic Analgesics
0608 Pentazocine
0609 Hydrocodone
0610 Tramadol
0611 Buprenorphine/Suboxon./Subutex
PCP
0700 PCP or PCP Combination
Other Hallucinogens
0801 LSD
0802 Other Hallucinogens
Methamphetamine/Speed
0900 Methamphetamine/Speed
Other Amphetamines
1001 Amphetamine
1002 Methylphenidate (Ritalin)
1003Methylenedioxymethamphetamine (MDMA, Ecstasy)
Other Stimulants
1100 Other Stimulants
1809 Bath Salts
Benzodiazepines
1201 Alprazolam (Xanax)
1202 Chlordiazepoxide (Librium)
1203 Clorazpate (Tranzene)
1204 Diazepam (Valium)
1205 Flurazepam (Dalmaine)
1206 Lorazepam (Ativan)
1207 Triazolam (Halcoin)
1208 Other Benzodiazepine
1209 Flunitrazepam
1210 Clonazepam (Klonopin, Rivotril)
Other Tranquilizers
1301 Meprobarnate (Miltown)
1302 Other Tranquilizers
Barbiturates
1401 Phenobarbital
1402 Secobarbital/Amobarbital (Tuinal)
1403 Secobarbital (Seconal)
Other Sedatives and Hypnotics
1501 Ethchlorvynol (Placidyl)
1502 Glutethimide (Doriden)
1503 Methaqualone
1504 Other Non-Barbiturate Sedatives
1505 Other Sedatives
1507 GHB/GBL
1508 Ketamine (Special K)

Inhalants
1601 Aerosols
1602 Nitrites
1603 Other Inhalants
1604 Solvents
1605 Anesthetics
Over the Counter
1700 Over the counter, General
1701 Diphenhydramine (Benadryl)
Other
1801 Diphenylhydantoin Sodium (Phenytoin, Dilantin)
1802 Other Drugs

8-10. Method

01 Oral
02 Smoking
03 Inhalation
04 Injection
05 Other
98 Not Collected
99 Affected Other

8-10. Frequency

00 Not Applicable
02 No Use Past Month
03 Once in Last 30 Days
04 2-3 days per month
05 Once per week
06 2-3 days per week
07 4-6 days per week
08 Daily
98 Not Collected

13. Discharge Referral

0 None
1 Detoxification
2 Diagnosis & Evaluation
3 In-Home Family Support
4 Extended Care
6 Shelter
7 Outpatient Counseling (General)
8 Intensive Outpatient
9 Res Rehab (Short Term)
10 Half and Quarterway House
11 Adolescent Res Rehab Transitional
12 Substance Abuse Professional
13 Consumer Run Residence
99 Other

15. Deliberate Referral

A Mental Health Provider
B Other Health Care Provider
C Voc Rehab/Job Replacement
D HIV Antibody Counseling & Testing
E School Counselor
Z Other

17. Type of Therapy

00 None (no other therapy received during service)
01 CBT (Cognitive Behavioral Therapy received during Tx)
02 Motivational Interviewing (received during Tx)
03 DSAT (received during Tx)
04 CYT (Cannabis Youth Tx, received)
05 Integrated Co-Occurring Treatment (received during Tx)
06 ACT (Assertive Community Treatment received)

22. Primary Payment Source

01 - SAMHS (OSA)
02 - Human Services (other than Child, Adult protective)
03 - Corrections
04 - Human Services (Adult or Child Protective)
05 - Self Pay
06 - MaineCare (Medicaid)
07 - Medicare
08 - Blue Cross/Blue Shield
09 - HMO
10 - Other Private Health Insurance
11 - Town Assistance
12 - Workers' Compensation
13 - Veterans' Administration
99 - Other

23. Health Insurance

01-Private Insurance
02-Blue Cross/Blue Shield
03-Medicare
04-MaineCare (Medicaid
05-HMO
20-Other
00-None

25. Dependent Children

00 No Legal Involvement
01 Probation/Parole
02 Furloughed
03 Awaiting Court
04 Serving Sentence (Jail/Prison)
05 Formal Adjudication
06 Drivers License Revocation (Not DEEP Involved)