Washington State Department of Social & Health Services
DBHR Division of Behavioral Health and Recovery

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR)
ALCOHOL AND DRUG ADDICTION TREATMENT AND SUPPORT ACT (ADATSA)

DBHR Target Data Elements
Discharge

AGENCY NUMBER
STAFF IDENTIFICATION

Section I: Client Information

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. DATE OF BIRTH

5. DISCHARGE OR CLOSURE TYPE (CHECK ONE BOX ONLY)

- ☐ Charitable Choice
- ☐ Client Died
- ☐ Completed Treatment
- ☐ Funds Exhausted
- ☐ Inappropriate Admission
- ☐ Incarcerated
- ☐ Moved
- ☐ No Contact/Abort
- ☐ Not Amenable to Treatment/Lacks Engagement
- ☐ Rule Violation
- ☐ Transferred to Different Facility
- ☐ Withdrew Against Program Advice
- ☐ Withdrew With Program Advice

Section II: Discharge

1. ADMISSION DATE	2. DISCHARGE DATE	3. DISCHARGE TIME	4. LEFT TREATMENT DUE TO RELAPSE
		:	☐ Yes ☐ No ☐ Unknown

5. IF RECOMMENDING CONTINUING ALCOHOL/DRUG TREATMENT (CHECK ONE MODALITY BOX)

- ☐ Detoxification
- ☐ Group Care Enhancement
- ☐ Intensive Inpatient
- ☐ Intensive Outpatient
- ☐ Long-Term Residential
- ☐ Methadone/Opiate (Substitution) Treatment
- ☐ Outpatient
- ☐ Recovery House

6. Has client been essentially compliant with program or treatment expectations: ☐ Yes ☐ No

7. OTHER SERVICE REFERRAL (CHECK ALL THAT APPLY)

- ☐ ATR Services
- ☐ Gambling Treatment
- ☐ Housing Assistance
- ☐ Housing Support Services
- ☐ Mental Health Services
- ☐ Medical / Dental Services
- ☐ Mental Health Services
- ☐ None
- ☐ Other Health Care Provider
- ☐ Self-Help Group
- ☐ Vocational Rehabilitation / Job Placement
- ☐ Other: _____

RECOMMENDED ASAM PLACEMENT LEVEL: