

**COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

*Enterprise Invoice Management*  
&  
*Enterprise Service Management Project*

**BSAS**

**Section 35 Enrollment Assessment Manual**  
**For Section 35 Enrollment Assessment Form -Version 5**



**2016**

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## ***Introduction***

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

### **Why Do We Collect this Data and Why is Accuracy Important?**

**At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).**

- ❖ It is a federal reporting requirement that we submit this data to SAMHSA
  - The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
  - TEDS is the ONLY national client-level database on substance abuse treatment
    - ➔ The data is used by federal policymakers, researchers, and many others
  - It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
  - It includes information on all clients admitted to programs that receive public funds
- ❖ Performance Management
  - Level of Care Management meeting process
  - Development of provider feedback reports
    - ➔ Business Decision Support
    - ➔ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

### **Goals and Objectives**

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

## Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as “public records”.

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health’s Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidentally view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

### **Why is the collection of identifying information so important?**

Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client’s enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

**Only the enrolling agency can see that the client is enrolled in a BSAS Program.**

#### ***Tips***

- Never email client names when contacting DPH for TA
- Never use the client name when on a phone call with DPH for TA

## **Interview Assumptions**

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews.** Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.
2. **Many of the interview items are designed as prompts.** A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown" or "refused".

## **SECTION 35 ENROLLMENT ASSESSMENT**

All questions marked with ► are required and must be completed.

### **► Enrollment Date**

Enter the day that the client was enrolled/admitted to the program. Enter the date using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g. 06/01/2007).

- Although the enrollment date will be automatically displayed when the Enrollment Assessment is opened for completion, this date does not have to be entered again, however, its inclusion on the form validates data quality in the client record and in the system.

### **► ESM Client ID**

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake form *after the data is entered* into EIM-ESM system. As the Bureau does not have access to client names, this is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing.

### **Provider ID**

This field is to be used by the provider in any way that is helpful to them in the management of client records. This is not entered into the EIM-ESM system.

### **First Name/Middle Initial/Last Name/Suffix**

While the client name is only entered into the Application at Intake, writing the full legal names on the Enrollment and Disenrollment Assessment forms is good record management.

### **►1. Client Code**

The Client Code is a five character code composed of capital letters from the individual's full name:

1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If none, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name*. Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

►2. **Intake/Clinician Initials:**

Enter the initials of the clinician who conducted the enrollment assessment interview.

►3. **Do you own or rent a house, apartment, or room?**

Check only one box. Select either 'Yes' or 'No'

If the individual answers 'Yes' to Question 3, Skip to Questions 3b & 3c.

If the individual answers 'No' to Question 3, they must answer Question 3a in addition to 3b and 3c.

3a. **Are you 'Chronically Homeless'?**

Check only one box. Select either 'Yes' or 'No'

Read the HUD definition of a chronically homeless person **before** answering this question.

HUD definition of a chronically homeless person:

*'A person who is 'chronically homeless' is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in an emergency homeless shelter.' A disabling condition is defined as 'a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.' A disabling condition limits an individual's ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.'*

►3b. **Enter the Zip Code of the Person's Last Permanent Address:**

*Do Not put zip code of Program.*

This is the person's last **PERMANENT** address. They may be homeless in Boston but their last permanent address goes back a year or more to a family residence.

- If the person is homeless now, this would have been captured on the Intake Form.
- This question serves to show the migration of populations and if people are having to leave one area in order to obtain services.

**►3c. Where did you stay last night?**

Check only one box. If 'Other' is selected specify the place.

The choices are:

- 1 Emergency shelter
- 2 Transitional housing for homeless persons (Not a TSS Program)
- 3 Permanent housing for formerly homeless
- 4 Psychiatric hospital or other psychiatric facility
- 5 Substance abuse treatment facility or detox
- 6 Hospital (non-psychiatric)
- 7 Jail, prison or juvenile detention facility
- 8 Room, apartment, or house that you own or rent
- 9 Staying or living with a family member
- 10 Staying or living with a friend
- 11 **Room, apartment, or house to which you presently cannot return (future return may be uncertain)**
- 12 Hotel or motel paid for without emergency shelter voucher
- 13 Foster care home or foster care group home
- 14 Place not meant for habitation
- 15 Other, specify \_\_\_\_\_
- 88 Refused

**►4 Do you consider yourself to be transgender?**

Check only one box.

The choices are:

- Yes
- No
- Refused

**4a. If you answered 'Yes' to Question 4, you must answer Question 4a.**

Check only one box. If 'Other' is selected, please specify: (e.g. Intersex)

The choices are:

- Male to Female
- Female to Male
- Other, specify \_\_\_\_\_

**►5. With what sexuality do you identify?**

Check only one box. If 'Other' is selected, please specify: (e.g. Queer)

The choices are:

- Heterosexual
- Gay/Lesbian
- Bisexual
- Other, specify \_\_\_\_\_
- Refused

**►6. Number of days between initial contact with the program by the client or someone on behalf of the client and enrollment.**

If the person came directly from the court mark zero (0). If the person is being transferred from either MCI-Framingham or MASAC (Bridgewater), count the number of days spent at that facility and enter that number.

**►7. Source of Referral**

If the person came directly from the court, use code **60**.

If the person was transferred from either MCI-Framingham or MASAC, use code **67**

**►8. Frequency of attendance at self-help programs**

Record the number of times a client reports having attended a self-help program (e.g. AA, NA etc...) in the 30 days prior to Enrollment

The choices are:

- 01** - No attendance in the past month
- 02** - 1-3 times in past month (less than once per week)
- 03** - 4-7 times in past month (about once per week)
- 04** - 8-15 times in past month (2 or 3 times per week)
- 05** - 16-30 times in past month (4 or more times per week)
- 06** - Some attendance in past month, but frequency unknown
- 99** - Unknown

## 9. Additional Client Type

Check **all** that apply. (Please note: Section 35 has been automatically checked for you.)

The choices are:

- New Student:** Clients enrolled in any type of formal/vocational education.
- Pregnant:** Clients pregnant at the time of enrollment.
- Postpartum:** Postpartum is defined as the period between delivery and up to one year post delivery.
- Change Veteran/Any Military Service:** Any person who has served in any branch of the U.S. Military.
- Methadone:** Clients currently prescribed methadone by an Opioid Treatment Program to treat their opioid addiction. *This would refer to those clients that your program sustains on methadone while detoxing said clients from another substance. This does not refer to clients that will be placed on a methadone detox protocol at your facility.*
- Change Buprenorphine:** (e.g. Suboxone) Clients currently prescribed buprenorphine by a doctor to treat their opioid addiction who receives their medication from an outpatient substance abuse program or doctor's office. *This would refer to those clients that your program sustains on buprenorphine while detoxing said clients from another substance. This does not refer to clients that will be placed on a buprenorphine detox protocol at your facility.*
- New Injectable Naltrexone:** (e.g. Vivitrol) Clients currently prescribed injectable naltrexone by a doctor to treat their opioid addiction who receives their medication from an outpatient substance abuse program or doctor's office.
- Section 35: Always check.**
- Probation:** Probation clients are under the supervision of the Office of the Commissioner of Probation. The client's substance abuse treatment may or may not be mandated as a condition of his/her probation.
- Parole:** Parole clients are under the supervision of the Massachusetts Parole Board.
- Federal Probation:** Federal probation clients are under the supervision of the Federal government.
- Federal Parole:** Federal parole clients are under the supervision of the Federal government.

**►10. Do you have children?**

Check only one box.

The choices are:

- Yes
- No
- Refused

If the client selects 'No' or 'Refused' skip to Question 11.

If the client selects 'Yes', answer Questions 10a-d.

**10a. Number Children Under 6:**

Enter number of children less than 6 years of age.

**10b. Number of Children 6-18:**

Enter number of children between the ages of 6 and 18 years.

**10c. Children Over 18:**

Enter number of children over 18 years of age.

**10d. Are any of your children of the Native American race? (i.e., American Indian)**

Answer 'Yes' if any of the children are of Native American/American Indian heritage. Answer 'No' if none of the children of Native American/American Indian heritage.

The choices are:

- 1 Yes
- 2 No

**►11. Are you the primary caregiver for any children?**

Check only one box.

The choices are:

- Yes
- No
- Refused

**Prompt** 

- **If the client is the primary caregiver of children you must assess as to the children's welfare and what arrangements have been made for their care in your full clinical **assessment**.**

- If the client is involved with DCF and has an open service plan, the client should contact the DCF case manager. If the client doesn't know how to reach the DCF social worker, call the area office (list of offices can be found at [www.mass.gov/DCF](http://www.mass.gov/DCF) ).
- For a list of Child Care Resource and Referral Agencies in Massachusetts go to:  
[http://www.workworld.org/wwwwebhelp/child\\_care\\_resource\\_and\\_referral\\_agencies\\_ccr\\_r\\_massachusetts.htm](http://www.workworld.org/wwwwebhelp/child_care_resource_and_referral_agencies_ccr_r_massachusetts.htm)

**► 12. Employment at the time of Enrollment**

**This item is a National Outcome Measure; reporting is required by SAMHSA.**

Enter one of the following codes:

- 1 Full-time Employment – Working 35 hours or more each week, including active duty members of the uniformed services.
- 2 Part-time Employment – Working fewer than 35 hours each week.
- 3 Unemployed-Looking for Work – Looking for work during the past 30 days or on layoff from a job.
- 4 Unemployed-Not Looking for Work – Not looking for work during the past 30 days.
- 5 Not in labor Force-Student
- 6 Not in labor Force-Retired
- 7 Not in labor Force-Disabled
- 8 Not in labor Force-Homemaker
- 9 Not in labor Force-Other
- 10 Not in labor Force - Incarcerated
- 11 Volunteer
- 12 Other
- 13 Maternity/Family Leave
- 99 Unknown

If the individual has not been in the labor force for many years (such as many homeless individuals), code as 'Not in labor Force-Other'.

**► 13. Number of days worked last 30 days**

Enter the number of days worked in the **30 days prior to being admitted** to the program.

**►14. Where do you usually live?**

**This item is a National Outcome Measure, reporting is required by SAMHSA.**

Check only one box.

The choices are:

- 1** House or apartment
- 2** Room/boarder or sober house
- 3** Institution
- 4** Group home/treatment – treatment is provided within the house
- 5** Shelter/Mission
- 6** On the Streets
- 7** Foster Care
- 88** Refused

**\*Where has the client spent/slept most of the time over the last 12 months?\***

- If the client has been in a residential treatment program, select ‘Group Home’.
- If the client was incarcerated, select ‘Institution’.

**►15. Who do you live with?**

Check all that apply.

The choices are:

- Alone
- Child under 6 – whether or not your blood relation
- Child 6-18 – whether or not your blood relation
- Child over 18 - Only check this box if the Child Over 18 is the client’s own child
- Spouse/Equivalent
- Parents
- Other Relative
- Roommate/Friend

**►16. Use of Mobility Aid**

Check all that apply.

The choices are:

- None
- Crutches
- Walker
- Manual wheelchair
- Electric wheelchair

**►17. Vision Impairment**

Enter one code from the following choices:

- 0 None: Normal Vision
- 1 Slight: Vision can be or is corrected with glasses/lenses
- 2 Moderate: ‘Legally blind’ but having some minimal vision
- 3 Severe: No usable vision

**►18. Hearing Impairment**

Enter one code from the following choices:

- 0 None: Normal hearing requiring no correction
- 1 Slight: Hearing is or can be adequately corrected with amplification (e.g. hearing aid)
- 2 Moderate: Hard of hearing, even with amplification
- 3 Severe: Profound deafness

**►19. Self-Care/ADL Impairment**

Enter one code from the following choices:

- 0 None: No problem accomplishing ADL skills such as bathing, dressing and other self care
- 1 Slight: Uses adaptive device(s) and/or takes additional time to accomplish ADL but does not require a personal attendant
- 2 Moderate: Needs personal attendant up to 20 hours a week for ADL
- 3 Severe: Requires personal attendant for over 20 hours a week for ADL

**►20. Developmental Disability**

Enter one code from the following choices:

- 0 None
- 1 Slight developmental disability
- 2 Moderate developmental disability
- 3 Severe developmental disability

**►21. Prior Mental Health Treatment**

Check only one box.

The choices are:

- 0 No prior mental health treatment history
- 1 Has received counseling for mental health problem
- 3 Has one hospitalization for mental health problem
- 4 Has more than one hospitalization for mental health problem

**If the client has received more than one level of treatment listed, code the highest number.**

► **22. During the last 12 months, did you take any prescription medication that was prescribed for you to treat a mental or emotional condition?**

Check only one box.

The choices are:

- 1** Yes
- 2** No
- 88** Refused
- 99** Unknown

► **23. Number of prior enrollments/admissions to each substance abuse treatment modality.**

Do **not** count current enrollment in Question 23.

**Detox:**

Enter one code from the following choices:

- 0** No prior admissions
- 1** One prior admission
- 2** Two prior admissions
- 3** Three prior admissions
- 4** Four prior admissions
- 5** Five or more prior admissions
- 99** Unknown

**Residential:**

Enter one code from the following choices:

- 0** No prior admissions
- 1** One prior admission
- 2** Two prior admissions
- 3** Three prior admissions
- 4** Four prior admissions
- 5** Five or more prior admissions
- 99** Unknown

**Outpatient:**

Enter one code from the following choices:

- 0** No prior admissions
- 1** One prior admission
- 2** Two prior admissions
- 3** Three prior admissions
- 4** Four prior admissions
- 5** Five or more prior admissions
- 99** Unknown

**Opioid:**

Enter one code from the following choices:

- 0 No prior admissions
- 1 One prior admission
- 2 Two prior admissions
- 3 Three prior admissions
- 4 Four prior admissions
- 5 Five or more prior admissions
- 99 Unknown

**Drunk Driver:**

Select one code from the following choices:

- 0 No prior admissions
- 1 One prior admission
- 2 Two prior admissions
- 3 Three prior admissions
- 4 Four prior admissions
- 5 Five or more prior admissions
- 99 Unknown

**Section 35 Commitments:**

Select one code from the following choices:

- 0 No prior admissions
- 1 One prior admission
- 2 Two prior admissions
- 3 Three prior admissions
- 4 Four prior admissions
- 5 Five or more prior admissions
- 99 Unknown

**Other:**

Select one code from the following choices:

- 0 No prior admissions
- 1 One prior admission
- 2 Two prior admissions
- 3 Three prior admissions
- 4 Four prior admissions
- 5 Five or more prior admissions
- 99 Unknown

►24. **Currently receiving services from state agency(ies):**

These would be state agency services, other than substance abuse, currently being received by the client. Check all that apply.

The choices are:

- None** No services from any state agency
- DCF** Department of Children and Families/ formerly Department of Social Services
- DYS** Department of Youth Services
- DMH** Department of Mental Health / this does not pertain to all dual diagnosis clients; clients eligible for DMH services are severely and persistently mentally ill; they would be provided with case management services by DMH
- DDS** Department of Developmental Services / former Department of Mental Retardation
- DPH** Department of Public Health / other than substance abuse e.g. HIV/STD, WIC
- DTA** Department of Transitional Assistance / cash assistance & food stamps
- MRC** Massachusetts Rehabilitation Commission
- MCB** Massachusetts Commission for the Blind
- MCDHH** Mass Commission for Deaf and Hard of Hearing
- Other** Other State Agency

- You will note that a number of the State Agencies have been deleted from this list. This is because BSAS has associated a number of client types with services (i.e., if a client is marked as being on probation, BSAS analysts will automatically associate services from the Office of the Commissioner of Probation (OCP), if a client is checked as being on state parole, BSAS analysts will automatically associate services from the Massachusetts Parole Board (MPB).
- Also if a client has Medicaid at Intake, BSAS analysts will automatically associate services from DMA.

How to code:

- Coding example 1: The client's record indicates that s/he has MassHealth. S/he is receiving state services from an agency other than DMA/Masshealth that is **not** on the list (such as Elder Affairs, or Veterans Services). Mark this as "Other".
- This is true for Parole and Probation as well. The client is already flagged as Parole or Probation under "Additional Client Type". So mark "Other" only when s/he is receiving services from an agency other than MPB or OCP that is **not** on the list.

\*Reminder: Only clients currently incarcerated receive services from the Department of Corrections. Once a person is released they no longer receive those services.

**►25. Number of arrests in the last 30 days**

**This is a National Outcome Measure, reporting is required by SAMHSA.**

Enter number of times the client was arrested in the last 30 days.

Section 35 is not an arrest, it is a civil commitment

## ►26. History – Substance Mis-Use / Nicotine/Tobacco / Gambling

**This item is a National Outcome Measure, reporting is required by SAMHSA.**

This series is intended to elicit information about the client’s substance use, tobacco use, and gambling (RE: gambling, please refer to regular gambling activity in place of ‘use’). Information about the age of first use, the last time a client used a substance/tobacco/gambling, the frequency of last regular use, and the usual route of administration (NA for gambling) needs to be completed for all substances/substance categories, tobacco and gambling listed as A-Y on the history matrix.

The choices include:

<b>A</b>	Alcohol	
<b>B</b>	Cocaine	
<b>C</b>	Crack	
<b>D</b>	Marijuana/Hashish	
<b>E</b>	Heroin	
<b>F</b>	Prescribed Opiates Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client. (e.g. pain management)	e.g. Oxycodone/Oxycontin Hydrocodone/Vicodin Methadone
<b>G</b>	Non-prescribed Opiates Non-medical use of pharmaceutical opiates which were not prescribed for the client (i.e., diversion)	e.g. Oxycodone/Oxycontin Hydrocodone/Vicodin Methadone
<b>H</b>	PCP	
<b>I</b>	Other Hallucinogens	e.g. LSD, Mescaline, Psilocybin – Street names include Magic Mushrooms
<b>J</b>	Methamphetamine	e.g. Desoxyn - Street names include Base, Crystal, Ice, Crystal Meth
<b>K</b>	Other Amphetamines	e.g. Biphphetamine, Adderall, Dexedrine – Street names include Uppers
<b>L</b>	Other Stimulants	e.g. Ritalin
<b>M</b>	Benzodiazepines	e.g. Valium, Xanax, Serax, Ativan, Klonopin, Librium and Tranxene – Street names include Libs, Benzos, Veas
<b>N</b>	Other Tranquillizers	e.g. Thorazine, Haldol, Clozaril, Risperdol
<b>O</b>	Barbiturates	e.g. Amytal, Nembutal, Seconal, Phenobarbital
<b>P</b>	Other Sedatives/Hypnotics	
<b>Q</b>	Inhalants	
<b>R</b>	Over the Counter	
<b>S</b>	Club Drugs	e.g. MDMA/Ecstasy, Rohypnol, GHB, Special K – Ketamine
<b>U</b>	Other	
<b>X</b>	Nicotine/Tobacco	
<b>Y</b>	Gambling	See Q. 28a for types of gambling

### Tip

- For pharmaceutical drugs that were prescribed for the client, only mark misuse (more than the recommended dosage) or non-medical use. (Example - If a person were prescribed benzodiazepines for a mental health disorder and only took as prescribed, you would not list that on the history table.)
- Note: For the safety of the client, you must have all drugs currently being taken listed in their client record.

Below are the general instructions for completing the history questions:

### **Have you ever used?**

Enter 'Y' for Yes and 'N' for No. If the answer is No, skip to the next substance.

- **Please check either 'Y' or 'N' under the use status column.**
- **Do not leave it blank as it becomes a data quality issue. (Was it really a 'no' or was the question not asked?)**
- Data entry person needs to answer 'Yes' or 'No' before moving on – Unknown is not a choice.
- It is acceptable to draw a downward arrow through the appropriate column.

### **Age of First Use**

How old was the client the first time he/she got intoxicated? How old was the client the first time he/she used a particular drug?

**Note that for alcohol the question is 'age of first intoxication' not 'first use'.**

### **Last Use**

When was the last time the client used this substance?

Enter one of the following codes:

- 1 12 or more months ago
- 2 3-11 months ago
- 3 1-2 months ago
- 4 Last 30 days
- 5 Used in last week

### **Frequency of Last Use**

If the client has stopped using this substance, code how frequently he/she used the substance previously. This question was worded this way in recognition that many clients detox either through treatment or on their own before entering particular programs and also that some clients have a complicated history of substance use.

Enter one of the following codes:

- 1 Less than once a month
- 2 1-3 times a month
- 3 1-2 times a week
- 4 3-6 times a week
- 5 Daily
- 99 Unknown

## Usual Route of Administration

Enter one of the following codes:

- 1 Oral
- 2 Smoking
- 3 Inhalation
- 4 Injection
- 5 Other

## 27. Number of cigarettes currently smoked per day

Indicate the number of cigarettes, not number of packs.

If client uses another type of nicotine/tobacco product, mark Zero (0)

If the client does not have a history of nicotine/tobacco use, skip Question 27 and go to Question 28a.

1 pack = 20 cigarettes
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## 28a. Types of last regular gambling

For those clients with a gambling history noted in Question 26, check all types of last gambling done on a regular basis. If no gambling history, skip Qs 28 a & b and move on to Q 29 (Rank Substances)

The choices are:

- Lottery -Scratch Tickets
- Lottery – Keno
- Lottery/Numbers Games
- Slot Machines
- Casino Games
- Card Games
- Sports Betting
- Bingo
- Dog/Horse Tracks, Jai Alai
- Stock Market
- Internet Gambling

## 28b. Have you ever thought you might have a gambling problem or been told you might?

Check only one box.

The choices are:

- 1 Yes
- 2 No
- 88 Refused

### ►29. Ranking of Substances

Rank substances by entering corresponding letter for substances listed in Question 25.

A primary substance must be marked. If there is no Secondary or Tertiary Substance of choice, leave the field blank. If a Primary Secondary or Tertiary substance is listed the previous questions must be completed. (Primary is 26a, Secondary 26b, Tertiary 26c.)

**Nicotine/Tobacco and Gambling CANNOT be marked as a primary, secondary and/or a tertiary drug. This applies for substances A through W only.**

**If the client is unable to evaluate their preference /addiction to particular substances, the perceived severity may be determined by the clinician. If the client is unable to evaluate, the clinician should use the following in making a determination:**

- Pattern and frequency of use
- Degree of present or past physical, mental, social dysfunction caused by the substance
- Degree of present or past physical or psychological dependence on the substance, regardless of the frequency of use of a specific drug.

### ►30. Last Needle Use

Check only one box.

The choices are:

- 0 Never
- 1 12 or more months ago
- 2 3-11 months ago
- 3 1-2 months ago
- 4 Past 30 days
- 5 Used in last week

### ►31a. How many overdoses have you had in your lifetime?

Enter the number of overdoses the client reported having in their lifetime.

### ►31a. How many overdoses have you had in the past year?

Enter the number of overdoses the client reported having in the year prior to admission.

### ►32. Court issuing the commitment:

List the court that issued the client's commitment. If in data entry, select the court from the drop down menu.

**►33. Who has petitioned the client?**

Check only one box.

The choices are:

- Self
- Family member
- Hospital
- Court / Probation
- Police

**►34. Does the client have pending criminal charges?**

Check only one box.

The choices are:

- 1** Yes
- 2** No
- 99** Unknown

If the individual answers 'No' to Question 34, Skip to Question 35

If the individual answers 'Yes' to Question 34, they must answer Question 34a.

**34a. If the answer to Question 31 is Yes, please specify the pending charges.**

Check all that apply.

The choices are:

- Drug Offenses
- Sexual Offenses
- Property Offenses
- Personal Offenses
- Probation Violation
- Other

**►35. Does client have a psychiatric diagnosis?**

Check only one box.

The choices are:

- 1** Yes
- 2** No
- 99** Unknown

**►36. Did client take psychotropic medication anytime within the last SIX months prior to detoxification?**

Check only one box.

The choices are:

- 1** Yes
- 2** No
- 99** Unknown

If the individual answers 'No' to Question 36, Skip to Question 37.

If the individual answers 'Yes' to Question 36, they must answer Question 36a.

**36a. Specify category of psychotropic medication taken**

Check all that apply.

The choices are:

- Anti-depressants
- Mood Stabilizers
- Psycho-Stimulants
- Anti-Psychotics
- Anti-Anxiety

**►37. How many admissions has client had for acute inpatient psychiatric care in the last six months?**

Enter the number of times client was admitted to acute inpatient psychiatric care in the last six months.