

► **12. Indicate the Social or Health Service provided to clients during treatment – While in your Program.** See *Manual* for definition of services
 0 = Not Provided 1= Provided by Your Agency 2 = Provided by Another Agency 3 = Provided by Both Your Agency and Another Agency

Legal Aid Services		Medication for Emotional Problem		Literacy Services		Medication for Withdrawal	
Drug Screening		Housing		English as a 2 nd Language		TB Testing	
Treatment for Medical Problems		GED		Job Placement/Referral		TB Treatment	
Treatment for Emotional Problems		Vocational Training		Financial Counseling		STD/STI, HIV, Hep C Testing	
Nicotine Replacement Therapy		Family Planning		Prenatal Care		STD/STI, HIV, Hep C Treatment	
Medication for Medical Problems		Child Care		Post-partum Care		Parenting Classes	

► **13. Currently receiving services from a state agency:** Check all that apply.

None DMH: Dept Mental Health DTA: food stamps, TANF MCB: Commission for the Blind
 DCF: Dept Children and Families DDS: Dept Developmental Services DMA: Mass Health MCDHH: Comm for the Deaf & Hard of Hearing
 DYS: Dept Youth Services DPH: e.g. HIV, WIC Not BSAS MRC: Mass Rehab Other

► **14. Living arrangement at Disenrollment:** "Where is the client going to live when he/she leaves your program" (Check one)

House or apartment Institution Shelter/mission Foster Care Unknown
 Room/boardng or sober house Group home/Treatment On the streets Refused

► **15. Was the client homeless at Intake/Enrollment (whether or not chronic)?** Yes No

If Yes to Q15, answer 15a and 15b. If No to Q15, skip to Q16

15a. Detailed Living Arrangement at Disenrollment *

15b. Permanence of Living Situation at Disenrollment* Permanent Transitional Refused Unknown

► **16. Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?** Yes No

If the client left treatment unexpectedly, base answer on last face-to-face session. If Q16 Is 'No', skip to Q20

If Yes to Q16, please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance.
*Rank substances by entering the corresponding letters A-U+Z on page 3. (Nicotine/tobacco and gambling are excluded).
 If "Yes" to Q16, Q17a-c, Q18 & Q19 are required*

Report **Frequency of Use** in the last 30 days or since Enrollment if in treatment less than 30 days.

17a. Primary Substance **17b. Frequency of Use** * **17c. Route of Administration** *

17. Did the client use a Secondary Drug during the last 30 days/since Enrollment? Yes No

18a. Secondary Substance **18b. Frequency of Use** * **18c. Route of Administration** *

19. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? Yes No

19a. Tertiary Substance **19b. Frequency of Use** * **19c. Route of Administration** *

► **20. Did the client use Nicotine/Tobacco since Enrollment** Yes No Refused Unknown

★Q 6. Frequency of Attendance at Self-Help Programs			
Code		Code	
01	No attendance in the past month	05	16-30 times in past month (4 or more times per wk)
02	1-3 times in past month (less than once per week)	06	Some attendance, but frequency unknown
03	4-7 times in past month (about once per week)	99	Unknown
04	8-15 times in past month (2 or 3 times per week)		

★ Q 7. Referral at Disenrollment				
Code		Code		Code
00	Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment	20	Health Care Professional, Hospital	67 <i>Discontinued</i>
95	Referral Not Needed – Appropriate Mental Health Clinical Services Already in Place	21	Emergency Room	68 Office of the Commissioner of Probation
96	Referral Not Needed – Appropriate Substance Abuse Clinical Services Already in Place	22	HIV/AIDS Program	
97	Referral Not made – Client Dropped Out	23	Needle Exchange Program	69 Massachusetts Parole Board
98	Referral Attempted – Not Wanted by Client		24 through 25 <i>Discontinued</i>	70 Dept. of Youth Services
01	Self, Family, Non-medical Professional	26	Mental Health Care Professional	71 Dept. of Children and Families
02	BMC Central Intake/Room 5		27 through 29 <i>Discontinued</i>	72 Dept. of Mental Health
03	ATS/Detox	30	School Personnel, School System/College	73 Dept. of Developmental Services
04	Transitional Support Services/TSS	31	Recovery High School	74 Dept. of Public Health
05	Clinical Stabilization Services/CSS-CMID		32-39 <i>Discontinued</i>	75 Dept. of Transitional Assistance
06	Residential Treatment	40	Supervisor/employee Counselor	76 Dept. of Early Education and Care
07	Outpatient SA Counseling		41 through 49 <i>Discontinued</i>	77 Mass. Rehab. Commission
08	Medication Assisted Treatment	50	Shelter	78 Mass. Commission for the Blind
09	Drunk Driving Program	51	Community or Religious Organization	79 Mass. Comm. For Deaf & Hard of Hearing
10	Acupuncture		52 through 58 <i>Discontinued</i>	80 Other State Agency
11	Gambling Program	59	Drug Court	81 Division of Medical Assistance/MassHealth
			60– 63 <i>Discontinued</i>	
14	Sober House	64	Prerelease, Legal Aid, Police	99 Unknown
			65-66 <i>Discontinued</i>	
16	Recovery Support Center			
17	Second Offender Aftercare			
18	Family Intervention Programs			
19	Other Substance Abuse Treatment			

★15a. Detailed Living Arrangement at Discharge? (HUD)			
1	Emergency Shelter	10	Rental room/house/apartment
2	Transitional Housing for Homeless	11	Apartment or House that you own.
3	Permanent housing for formerly homeless	12	Living With Family
4	Psychiatric Hospital or Facility	13	Living With Friends
5	Substance abuse/detox center	14	Hotel/Motel: no emergency shelter voucher
6	Hospital	15	Foster care/group home
7	Jail; Prison or Juvenile Facility	16	Place not meant for habitation (HUD)
8	Don't know	17	Other (HUD)
9	Refused		

★Questions 17a – 19c					
★Primary/Secondary/Tertiary Substance Codes				★Frequency of Use	
A	Alcohol	K	Other Amphetamines	1	No use during last 30 days or since enrollment
B	Cocaine	L	Other Stimulants	2	1-3 times during last 30 days or since enrollment
C	Crack	M	Benzodiazepines	3	1-2 times per week during last 30 days or since enrollment
D	Marijuana / Hashish	N	Other Tranquilizers	4	3-6 times per week during last 30 days or since enrollment
E	Heroin	O	Barbiturates	5	Daily use during the last 30 days or since enrollment
F	Prescribed Opiates	P	Other Sedatives / Hypnotics	99	Unknown
G	Non-prescribed Opiates	Q	Inhalants		
H	PCP	R	Over the Counter		
I	Other Hallucinogens	S	Club Drugs	1	Oral (swallow and/or chewing)
J	Methamphetamine	U	Other	2	Smoking
		V	Fentanyl	3	Inhalation
		Z	K2/Spice or Other Synthetic Marijuana	4	Injection
				5	Other
				6	Electronic Devices/Vaping