Bureau of Substance Addiction Services

Massachusetts Department of Public Health

WASHING THE STATE OF THE STATE

Disenrollment Assessment

►ESM Client ID:		

	Acute	Provider ID:			
All Questions marked with a ▶ must be comp	pleted		Boxes marked with ★ = Refer to key at end of form		
Disenrollment Date:	l dd yyyy				
Disenrollment Reason: Select one					
Assessment	Completed	☐ Hospitalized, Mer	atal Health Transferred to another SA Program		
\square AMA	Deceased	☐ Inappropriate	Relapsed		
Administrative/non-compliant	Hospitalized, Medical	Incarcerated			
First Name: Mic	ddle Initial: Last Nar	me:	Suffix:		
1. Client Code:		► 2. Intak	e/Clinician Initials:		
(Question 3 Displays only for Section 35 Enrol	llments)	▶ 4. Dis	charge Plan Yes No		
► 5. Referred to Self Help Yes	No	·			
6. Frequency of attendance at self-help	p programs in the last 30 day	ys or since Enrollment	if in treatment less than 30 days. (e.g. AA)		
7. Client Referrals at Disenrollment	(Referral #1 is required, R	Peferral # 2 &# 3 are opt</th><th>ional) See Manual for what determines a referral.</th></tr><tr><th>7a. Referral #1</th><th>7b. Referral #2</th><th>★ 7c. Ref</th><th>ferral #3</th></tr><tr><th>8. Are you currently pregnant or have if in treatment less than 9 months? (An</th><th></th><th></th><th>nrollment Yes No</th></tr><tr><th>9 Number of arrests in the last 30 days</th><th>s or since Enrollment if in tre</th><th>eatment less than 30 d</th><th>ays.</th></tr><tr><th>10. Were you receiving Medication As If Yes, go to Q10a, If no, skip to Q1</th><th></th><th>enrollment into this pro</th><th>ogram?</th></tr><tr><th>10a. Did you continue to receive M</th><th>ledication Assisted Treatmen</th><th>nt while in this prograr</th><th>n?</th></tr><tr><th>10b. Were you receiving Methador</th><th>ne Treatment If Yes skip to Q</th><th>11 , If No, answer 9c</th><th>☐ Yes ☐ No</th></tr><tr><th>10c. Were you receiving a prescrip</th><th>otion for Suboxone or Vivitro</th><th>Select Below</th><th></th></tr><tr><th>☐ Buprenorphine (Suboxone</th><th>e) Extended rele</th><th>ease injectable naltrexon</th><th>e (Vivitrol)</th></tr><tr><th>10d. Was this Suboxone or Vivitro</th><th>I prescription for alcohol use</th><th>e disorder, opioid use</th><th>disorder, or both?</th></tr><tr><th>Alcohol Use Disorder</th><th>Opioid Use Disc</th><th>order</th><th>Both</th></tr><tr><th>Q11– Q11c are not required if answered</th><th>I Yes to Q10</th><th></th><th></th></tr><tr><th>11. Did you START Medication Assist</th><th>ted Treatments while in this p</th><th>program? If No, skip to</th><th>Q12</th></tr><tr><th>11a. Did you receive Methadone</th><th>Treatment if Yes, skip to Q12</th><th>?, if No go to Q11b</th><th>☐ Yes ☐ No</th></tr><tr><th>11b. Did you receive a prescription</th><th>on for Suboxone or Vivitrol?</th><th>Select Below</th><th></th></tr><tr><th>☐ Buprenorphine (Suboxone)</th><th>Extended releas</th><th>se injectable naltrexone</th><th>(Vivitrol)</th></tr><tr><th>11c. Is your Suboxone or Vivitrol</th><th>prescription for alcohol use</th><th>e disorder, opioid use o</th><th>disorder, or both?</th></tr><tr><th>Alcohol Use Disorde</th><th>er Opioid Use Di</th><th>sorder</th><th>Both</th></tr></tbody></table>			

Bureau of Substance Addiction Services

Massachusetts Department of Public Health

		ice provided to clients during treats d by Your Agency 2 = Provided by			ogram. See Man				
Legal Aid Services		Medication for Emotional Problem			cy Services	l gon		on for Withdrawal	
Drug Screening		Housing		English as a 2 ⁿ	d Language			TB Testing	
Treatment for Medical Problems		GED		Job Placem	ent/Referral			TB Treatment	
Treatment for Emotional Problems		Vocational Training		Financial	Counseling		STD/STI, H	IIV, Hep C Testing	
Nicotine Replacement Therapy		Family Planning		Pi	renatal Care		STD/STI, HIV,	Hep C Treatment	
Medication for Medical Problems		Child Care		Post-p	partum Care		F	Parenting Classes	
13. Currently receiving service	es from	a state agency: Check all that ap	ply.						
None		DMH: Dept Mental Health		A: food stamps, T.	ANF	MCB:	Commission for	the Blind	
DCF: Dept Children and Families		DDS: Dept Developmental Services		A: Mass Health		мсрні	H: Comm for the	Deaf & Hard of He	aring
DYS: Dept Youth Services		DPH: e.g. HIV, WIC Not BSAS	☐ MR	C: Mass Rehab		Other			
► 14. Living arrangement at D	isenrollr	ment: "Where is the client going to live	e when h	e/she leaves you	r program" (Che	ck one)			
☐ House or apartment	☐ Ir	nstitution	lter/missi	on	☐ Foster Car	е	Unknov	wn	
Room/boarding or sober house	□ e	Group home/Treatment	he street	S	Refused				
-	at Intake	e/Enrollment (whether <u>or not</u> chroni	ic)?	Yes	No				
If Yes to Q15, answer 15a	and 15b	. If No to Q15, skip to Q16							
15a. <u>Detailed</u> Living Arr	angemer	nt at Disenrollment	*						
15b. Permanence of Livi	-	tion of Discouncilles out	 manent	Tran	ısitional		Refused	Unknown	
► 16. Has there been any drug of	or alcoho	ol use in the last 30 days or since E	nrollmer	nt if in treatment	less than 30 d			Yes No	
=		nk substance abuse problems by set by entering the corresponding letters A If "Yes" to Q16, Q1	I-U+Z on	page 3. (Nicotin	e/tobacco and g	-	-		
	Report	Frequency of Use in the last 30 days		-		an 30 d	ays.		
17a. Primary Substanc	е	17b. Frequency of Use	е	*	17c. Route o	f Admii	nistration	*	
17. Did the client use a Sec	ondary [Drug during the last 30 days/since E	Enrollme	nt? Yes	□No				
18a. Secondary Substa	-	18b. Frequency of Use		*	18c. Route o	f Admii	nistration	*	
19. Did the client use a Ter	tiary Dru	g during the last 30 days/since Enr	ollment	? Yes	No				
19a. Tertiary Substanc	е	19b. Frequency of Use	е	*	19c. Route o	f Admii	nistration	*	
▶ 20. Did the client use Nicoti	ne/Toba	cco <u>since Enrollment</u> Yes	No	Refused	Unknown				

Bureau of Substance Addiction Services

Massachusetts Department of Public Health

			4	kQ 6. Fı	requency	of Atte	ndance	at Self-Help	Progra	ms	
Code								•	Code		
01	No attendance in the past								05	16-30 times in past month (4 or more times per wk	
02	1-3 times in past month (le							06	Some attendance, but frequency unknown		
03	4-7 times in past month (a								99	Unknown	
04	8-15 times in past month (2 or 3 ti	mes per week)								
					Q 7. Refe	erral at	Disenre	ollment			
Code				Code					Code		
	Referral Not Needed – Ass										
00	Client Does Not Require Er			20	Health Car	e Profess	sional, Hos	spital		67 Discontinued	
0.5	Referral Not Needed – App		Mental Health	21					00	Office of the Occasionic and Frederica	
95		nical Services Already in Place ferral Not Needed – Appropriate Substance				/ Room			68	Office of the Commissioner of Probation	
96	Abuse Clinical Services Al			22	HIV/AIDS F	Ornaram					
97	Referral Not made – Client			23	Needle Exc		rogram		69	Massachusetts Parole Board	
98	Referral Attempted – Not W			20	24 through				70	Dept. of Youth Services	
01	Self, Family, Non-medical F		,	26	Mental He			nal	71	Dept. of Children and Families	
02	BMC Central Intake/Room				27 through				72	Dept. of Mental Health	
03	ATS/Detox			30				stem/College	73	Dept. of Developmental Services	
04	Transitional Support Service	es/TSS		31	Recovery H	High Scho		- 0 -	74	Dept. of Public Health	
05	Clinical Stabilization Servic				32-39 Disc				75	Dept. of Transitional Assistance	
06	Residential Treatment			40	Supervisor	/employe		lor	76	Dept. of Early Education and Care	
07	Outpatient SA Counseling				41 through	49 Disco	ntinued		77	Mass. Rehab. Commission	
80	Medication Assisted Trea	tment		50	Shelter				78	Mass. Commission for the Blind	
09	Drunk Driving Program			51	Community	or Religi	ious Orga	nization	79	Mass. Comm. For Deaf & Hard of Hearing	
10	Acupuncture				52 through		ontinued		80	Other State Agency	
11	Gambling Program			59	Drug Court				81	Division of Medical Assistance/MassHealth	
	12 & 13 Discontinued				60– 63 Dis						
14	Sober House			64	Prerelease		id, Police		99	Unknown	
40	15 Discontinued				65-66 Disc	ontinued					
16	Recovery Support Center										
17 18	Second Offender Aftercare Family Intervention Program										
19	Other Substance Abuse Tro		•								
10	Other Oubstance Abuse Th	cauncin		Dotailo	d Livina A	rrango	mont of	Discharge?	(חווח)		
			≠ i Ja.	Detaile	u Living A				, ,		
1	Emergency Shelter					10		room/house/apa			
2	Transitional Housing for Ho					11		ent or House tha	it you owr	1.	
3	Permanent housing for form		meless			12 13		Nith Family			
<u>4</u> 5		Psychiatric Hospital or Facility Substance abuse/detox center						Nith Friends	nav abalta	ar vallabar	
6		Hospital				14 15		lotel: no emerge care/group home		er voucher	
7	Jail; Prison or Juvenile Fac	ility				16		not meant for hat		IID)	
8	Don't know	шц				17	Other (παιιΟΠ (Π	OD)	
9	Refused					- 17	Other	1100)			
<u> </u>					±∩u∧	stions	17a – 1	9c			
	¥0.1	ala u T			7 400	T	,,a - 1	-		★ F====================================	
^			ertiary Substance C			-	-	Name des	14-00 '	*Frequency of Use	
A	Alcohol	K	Other Amphetami	nes		1	1			ays or since enrollment	
B C	Cocaine Crack	M	Other Stimulants			1	3			days or since enrollment ng last 30 days or since enrollment	
D	Marijuana / Hashish	N	Benzodiazepines Other Tranquilizers			+	4			ng last 30 days or since enrollment ng last 30 days or since enrollment	
E	Heroin	0	Barbiturates	1	5			t 30 days or since enrollment			
F	Prescribed Opiates	P	Other Sedatives /		1	99	Unknown	ng me ids	too days or since emoninent		
	Non-prescribed Opiates	Q	Inhalants	, p. 101103		1	33	Olivilowii			
(÷	PCP	R	Over the Counter			1		≭ Route of Administration			
G H						1	1	Oral (swallow			
H			Club Drugs				2	Smoking	anu/or ch	ewing)	
H	Other Hallucinogens	S									
		U	Other								
H	Other Hallucinogens	U V	Other Fentanyl	Synthetic	Marijuana		3	Inhalation			
H	Other Hallucinogens	U	Other	Synthetic	Marijuana						