Guide to Standard Questions in the BSAS Enrollment Assessment

Bureau of Substance Addiction Services

Commonwealth of Massachusetts
Department of Public Health

Contents

Introduction

This document is a resource for Massachusetts addiction treatment service providers who collect and report patient/client data to the Bureau of Substance Addiction Services (BSAS) in the Massachusetts Department of Public Health (DPH).

This guide replaces the Standard Enrollment Assessment Manual on the BSAS website. It provides detailed instructions for gathering and recording data associated with the enrollment assessment items that are common across all levels of care. For assessment items that are specific to a given level of care (LOC), clinicians should continue to consult the LOC-specific assessment manuals available on the BSAS website.

In a series of 11 focus groups over the past few years, clinicians noted that because they are unclear about the meaning of certain questions and response options in the assessments, it is difficult to provide complete and accurate data. Thus, for every enrollment assessment item that is standard across all levels of care, this guide includes a description of what the question is asking and why, the available response options, and how to record responses, including do's and don'ts. This is the first in a series of updated enrollment and disenrollment assessment guidance documents that BSAS is planning to develop.

Overview

BSAS collects patient/client and service data to provide timely and comprehensive reports on patient/client characteristics at intake and enrollment, status at disenrollment, and changes between enrollment and disenrollment. This data is collected via the Executive Office of Health and Human Services' (EOHHS) business application called Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS portal called the Virtual Gateway.

EIM-ESM collects patient/client information from admission (enrollment) to discharge (disenrollment), verifies billing and budget compliance, and enables reporting of patient/client characteristics. Service providers are responsible for completing enrollment and disenrollment interviews and delivering services, and their agencies submit invoices and billing documentation.

Enrollment interviews are conducted when a patient or client is enrolled in addiction treatment or wraparound services. Providers are encouraged to complete the enrollment assessment as close to the enrollment date as possible. The interview must be completed for all patients and clients who receive substance addiction services regardless of the payment source.

Basic patient/client information, including demographics, referral source, substance addiction history, disabilities, and treatment history, is gathered and documented via the intake form and the enrollment assessment form. The **intake form** documents an individual's identifiable information and sociodemographic characteristics. As some of this information is subject to change over time (e.g., address of residence, insurance), providers are required to document these changes by entering a new record for that data element (rather than overwriting it) each time information in a field changes.

The **enrollment assessment** collects psychosocial information, information about patients'/clients' substance use history, and data on additional services they receive. The enrollment assessment is **not** a clinical assessment. It must be completed each time a patient/client is admitted to a substance addiction treatment or wraparound program. The admission may be for a new service, a readmission for the same service, or a transition to a new level of care.

Disenrollment interviews are completed when patients/clients leave or are transferred to another program.

Regardless of the funding or payer source, agencies should submit enrollment records to BSAS for every patient/client they serve.

Why Collect Data in the Enrollment Assessment?

BSAS receives block grant and discretionary grant funds from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). To receive these funds, BSAS is required to submit data to SAMHSA. For SAMHSA to produce valid national reports, all states must submit data using the same formats and definitions.

BSAS intake, enrollment, and disenrollment interviews with patients/clients **should *not* be used as a substitute for a thorough clinical interview/assessment.** Although general descriptions of patient/client status are obtained via the intake, enrollment, and disenrollment interviews, the details required for a comprehensive analysis of the patient's/client's needs, substance use disorder, and/or related concerns are not elicited in these interviews. Programs are expected to conduct more comprehensive clinical interviews/assessments to gather such detailed information.

Completing the Enrollment Assessment

Make sure that you are using the most recent version of the enrollment assessment for your program. Visit the "ESM Assessment Forms and Manuals" page of the BSAS website regularly to access the latest version of the assessments. Changes to the forms are also disseminated via BSAS notification emails. If you have a question about the intake form or the enrollment or disenrollment assessments, reach out to the EIM/ESM Management Office (EEMO) at DPH-DL-EEMO@MassMail.State.MA.US.

The intake form and enrollment and disenrollment assessments must be completed **by the provider** with input from patients/clients. Patients/clients should **not** complete their own intake, enrollment, or disenrollment assessment.

Providers are encouraged to gather responses to all questions in the assessment. While "Unknown" is a response option for certain questions, when providers overuse this response, it renders the data from the assessment not reliable. Providers should use the "Unknown" response option in the *rare* instances where a patient/client is not available for the interview or is unwilling to provide an answer.

Many items in the enrollment assessment do not appear in a question format. Service providers should ask these questions using their own wording, while adhering to the intent of the item.

Questions marked with ▶ in the enrollment assessment must be completed.

For response boxes in the enrollment assessment that are marked with an asterisk (*), refer to the key at the end of the assessment, where you will find codes for the response options.

After concluding an enrollment assessment interview, check to ensure that all items are completed. Enter the information from the assessment in the EIM-ESM system or give the assessment to an administrative staff member to enter. Enrollment information about a patient/client must be entered and saved in the EIM-ESM system before the agency can bill for services for the patient/client.

When new information related to a patient's/client's demographics or address becomes available, it should be revised in the patient's/client's enrollment assessment, taking care not to delete the original information.

Protecting Confidentiality

Collecting some identifying information about patients/clients enables BSAS to:

- Monitor patient/client service utilization patterns
- More accurately estimate patient/client outcomes
- Identify system gaps and enhance treatment and other wraparound services

Confidentiality in health care refers to the obligation of professionals with access to patient/client records to hold that information in confidence. BSAS's infrastructure, processes, access rules, and reporting requirements comply with all federal and state regulations that protect the privacy and confidentiality of patients'/clients' substance use records. This includes federal regulations governing the confidentiality of alcohol and drug addiction patient/client records (i.e., Code of Federal Regulations, Chapter 42, Part II) and state laws and regulations protecting personally identifiable information.

As an addiction service provider, your organization may be bound by federal regulations that govern the confidentiality of information related to patients/clients who receive services. For more information, see https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2?toc=1.

Access to the Virtual Gateway EIM-ESM application is limited by role. Service providers can only view records of patients/clients who receive services from their organization.

Providers must protect all paper and electronic patient/client records, including intake and enrollment and disenrollment assessments. Refer to your organization's policies related to protecting the security and confidentiality of patient/client records.

Within BSAS, access to patient/client data is also role-based. BSAS staff—including research and analytic staff—may only access patient/client information if doing so is required to meet their job responsibilities.

It is important to note that intake and enrollment and disenrollment data qualify as medical records and cannot be requested as public records.

Items in the Enrollment Assessment

This section of the manual describes the items that appear in all versions of the enrollment assessment regardless of the level of care. For each item, there is a description of what the question is asking and why, the response options, and how to record responses, including do's and don'ts.

Enrollment assessment items specific to a level of care that are not addressed in this manual will be included in future resources from BSAS. You may also reach out to the EIM/ESM Management Office (EEMO) at DPH-DL-EEMO@MassMail.State.MA.US with questions about assessment items that are not included in this manual.

Enrollment Date
This is a required item in the enrollment assessment.

WHAT
This item inquires about the date the patient/client was enrolled in the program.

WHY
Enrollment dates are used to track treatment and wraparound services.

RESPONSE OPTIONS
MM/DD/YYYY

HOW
Enter the date the patient/client was enrolled in or admitted to the program.

Do's
- **Enter the date using the format MM/DD/YYYY.** The MM must be 01 through 12 and DD must be 01 through 31 (e.g., 11/02/2024).
- A patient/client may have **more than one active enrollment, which may prevent the provider from entering a new enrollment record.** If you encounter difficulty enrolling a patient/client in a service, contact the EIM/ESM Management Office (EEMO) at DPH-DL-EEMO@MassMail.State.MA.US

ESM Client ID

This is a required item in the enrollment assessment.

WHAT
The ESM client ID is a unique identifier for every individual who uses state services. When a patient's/client's data is entered in the EIM-ESM system for the first time, an ESM client ID is automatically generated. The ESM client ID is used on all subsequent forms associated with the patient/client, including the enrollment and disenrollment assessments.

WHY
Because BSAS does not have access to patient/client names, using the ESM client ID ensures that all enrollment, billing, and disenrollment data for a patient/client share this common field.

RESPONSE OPTIONS
Open text field

HOW
The system automatically assigns ESM client IDs; this information is prepopulated.

Do's
- To avoid creating a duplicate record for a patient/client in the EIM/ESM system, be sure to **use the patient's/client's full, legal name, date of birth, and Social Security number** when searching for a patient/client or entering a new record in the system.
- If you are communicating to BSAS staff about a patient/client, use the **ESM client ID only,** not the patient/client's name.

Don'ts
- If you are completing a paper version of the enrollment assessment, **do not fill in** the ESM client ID field. It will be populated in the EIM/ESM system.

Provider ID

WHAT
This field may be used by providers in any way that is helpful in managing patient/client records. The provider ID is not included or entered in the EIM-ESM system.

WHY
Some organizations assign each provider an ID, which may be entered at this location in the enrollment assessment.

RESPONSE OPTIONS
Open text field

HOW
If your organization has assigned you a provider ID, you may enter it here.

Do's
- If your organization doesn't assign providers an ID or code, you may leave this item **blank.**

First Name, Middle Initial, Last Name, and Suffix

WHAT
This item asks for the patient's/client's first name, middle initial, last name, and suffix (if applicable).

WHY
To report on patient/client outcomes and other measures, BSAS is required to collect information such as patients'/clients' full names and date of birth. Public-facing reports from BSAS never include patients'/clients' full names.

RESPONSE OPTIONS
Open text field

HOW

Ask the patient/client what their first name, middle initial, last name, and suffix (if relevant) are.

Do's
- When completing a paper version of the enrollment assessment, be sure to **enter the patient's/client's first name first,** then the middle initial, then the last name.
- Try to obtain the patient's/client's **middle initial,** if available.

Don'ts
- **Do not record** shortened names, such as Bill for William, or nicknames like Buddy.

Client Code

This is a required item in the enrollment assessment.

WHAT

The client code is a five-character code composed of capital letters from the patient's/client's full name.

WHY

The client code is used to uniquely identify patients/clients. SAMHSA uses the client code to link records across years to monitor treatment utilization and trends.

RESPONSE OPTIONS

Open text field

HOW

Assign a unique code to each patient/client using the following steps:

- **First character:** First letter of the patient's/client's first name
- **Second character:** Third letter of the patient's/client's first name
- **Third character:** Patient's/client's middle initial (If none, enter 4)
- **Fourth character:** First letter of the patient's/client's last name
- **Fifth character:** Third letter of the patient's/client's last name

Do's
- If a patient's/client's **first or last name does not have three letters,** use a 4 in place of the third letter. For example, Dustin Kip Vo would be DSKV4 and Angela Jenkins-Jones would be AG4JN.

Intake/Clinician Initials

This is a required item in the enrollment assessment.

WHAT
This item asks for the initials of the staff member or clinician who completed the enrollment assessment.

WHY
In case there is an issue with how the information in the assessment is collected or recorded and there is a need to follow up, this item asks for the initials of the staff member or clinician who completed the assessment.

RESPONSE OPTIONS
Open text field

HOW
Enter the initials of the clinician conducting the enrollment assessment interview.

Do you own or rent a house, apartment, or room?

This is a required item in the enrollment assessment.

WHAT
This item inquires whether the patient/client owns or rents a house, apartment, or room.

In the enrollment assessment for Compulsive Gambling Programs, this item is omitted.

WHY
People experiencing housing instability or homelessness have higher rates of substance use disorders than those who are stably housed.

Housing stability is a National Outcome Measure of the Substance Abuse and Mental Health Services Administration (SAMHSA). These data are also used to develop a housing instability indicator in the Massachusetts Department of Public Health's Public Health Data Warehouse.

RESPONSE OPTIONS
Yes; No
(If the answer to this question is Yes, skip to Zip code of last permanent address.)

HOW

Ask the patient/client if they own or rent a house, apartment, or room.

> **Do's**
> - In the Family Residential and Family Supportive Housing—Children enrollment assessment, if the **parent owns a house or apartment,** record "Yes" as the response for the child.

Are you chronically homeless?

WHAT

This question inquires whether the patient/client is chronically homeless (according to the HUD definition of the term).

In the enrollment assessment for Compulsive Gambling Programs, this item is omitted.

WHY

People experiencing housing instability or homelessness have higher rates of substance use disorders than those who are stably housed.

Housing stability is a National Outcome Measure of the Substance Abuse and Mental Health Services Administration (SAMHSA). These data are also used to develop a housing instability indicator in the Massachusetts Department of Public Health's Public Health Data Warehouse.

RESPONSE OPTIONS

Yes; No

HOW

The HUD definition of a chronically homeless person 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."

Note that 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."

Note that:

- The combined amount of time in the four episodes of experiencing homelessness that are necessary to qualify as chronically homeless must add up to at least 12 months.
- There must be at least seven (7) days between qualifying episodes of homelessness.
- Periods of fewer than 90 days in institutional care facilities count toward homelessness.

Do's

- **Familiarize yourself** with the HUD definition of chronic homelessness before recording an answer to this question.

Zip Code of Last Permanent Address

This is a required item in the enrollment assessment.

WHAT

This question inquires about the patient's/client's last permanent address prior to the treatment period.

In the enrollment assessment for Compulsive Gambling Programs, this item is omitted. In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this additional information appears: "If newborn or child that has been in foster care since birth, use code 99999."

WHY

This information helps to determine the migration of populations and whether patients/clients have to leave an area to obtain services.

RESPONSE OPTIONS

Open text field

HOW

Ask the patient/client what their last permanent address was and the zip code of that address.

Do's

- This question asks about the patient's/client's **last permanent address**. For example, if a patient/client is homeless when admitted to a program, but their last permanent address was a family residence, record the zip code of the residence.

- If a patient/client knows the city/town and street address but not the zip code of their last permanent address, **copy the zip code from the patient's/client's intake form or use the street address and city/town to find the zip code online.**

- In the Family Residential and Family Supportive Housing—Children enrollment assessment, if the child is a **newborn or has been in foster care since birth,** enter code 99999. If the child **at one time lived with a parent or family member,** enter the zip code of that residence.

Don'ts

- If a patient/client does not have a home address other than a residential treatment program, **do not record** the program's zip code as the zip code of the patient's/client's last permanent address.

Where did you stay last night?

This is a required item in the enrollment assessment.

WHAT

This question inquires where the patient/client stayed the night before enrolling in the program.

In the enrollment assessment for Compulsive Gambling Programs, this item is omitted.

WHY

People experiencing housing instability or homelessness have higher rates of substance use disorders than those who are stably housed.

RESPONSE OPTIONS

1. Emergency shelter
2. Transitional housing for homeless persons
3. Permanent housing for formerly homeless
4. Psychiatric hospital or other psych. 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 *cannot return* (future return can 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
88. Refused

HOW

Ask the patient/client where they stayed last night.

Do's

- For individuals who stayed the previous night in **Alcohol- and Drug-Free Housing,** record "Other."

- For individuals who stayed the previous night in **low-threshold transitional housing,** record "Transitional housing for homeless persons."

Do you consider yourself to be transgender?

If you answered Yes to Question, please specify: Male to female; Female to male; Other
These are required items in the enrollment assessment.

WHAT

This question inquires whether the patient/client self-identifies as transgender.

In the enrollment assessment for Compulsive Gambling Programs, this item is omitted.

WHY

Collecting this information helps to ensure the availability of appropriate and inclusive services.

This question, the following question, and the associated response options will be updated so they are more inclusive.

RESPONSE OPTIONS

Do you consider yourself to be transgender Response Options: Yes; No; Refused

If you answered yes to Question, please specify Response Options: Male to female; Female to male; Other, specify

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this additional information appears: "If young child, check No or Refused."

HOW

The answer to this question should be provided by the patient/client. Gender identity can be fluid. Ask the question and record the patient's/client's response at the current enrollment.

Do's

- Information on gender identity should be collected **each time** a patient/client enrolls in a treatment program.

Don'ts

- Providers and staff who enter data in the Virtual Gateway should **not make assumptions** about a patient's/client's gender identity.

- As needed, you may enter a new record for this data element for a patient/client. Do not overwrite an existing record for this data element.

Do you consider yourself to be heterosexual, gay/lesbian, bisexual, other?

This is a required item in the enrollment assessment.

WHAT

This question inquires how the patient/client describes their sexual orientation.

In the enrollment assessment for Compulsive Gambling Programs, this item is omitted.

WHY

Collecting this information helps to ensure the availability of appropriate and inclusive services.

This question, the prior question, and the associated response options will be updated so they are more inclusive.

RESPONSE OPTIONS

Heterosexual; Gay/Lesbian; Bisexual; Other, specify; Refused

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this additional information appears: "If young child, check No or Refused."

HOW

This information should be provided by the patient/client.

Do's

- If a patient/client identifies a sexual orientation that is not listed, **record "Other" and specify** the patient's/client's response.

Don'ts

- Providers and staff who enter data in the Virtual Gateway should **not make assumptions** about a patient's/client's sexual orientation.

Number of days between initial contact with program by client or someone on behalf of client and the first available appointment or bed availability

This is a required item in the enrollment assessment.

WHAT

This item inquires about the **number of days between initial contact with the program by the patient/client or someone on behalf of the patient/client and the first available appointment or bed availability.** The initial contact date is when the patient/client or their representative first contacts the program to request an appointment or admission.

In the enrollment assessments for Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted. In the enrollment assessments for Acute Treatment Services and Compulsive Gambling Programs, this item is worded as follows: "Number of days between initial contact with the program by the client or someone on behalf of the client and enrollment." In the enrollment assessment for MAT (OTP and OBOT), this item is worded as follows: "Number of days between initial contact with program by client or someone on behalf of client and the first available appointment."

WHY

This item captures the number of days the patient/client has to wait to receive services. It is used to identify potential issues with program capacity, treatment availability, admissions requirements, or other program requirements. The purpose of this question is to monitor waiting lists and capacity needs.

RESPONSE OPTIONS

Enter a whole number

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, the response for this item is prepopulated as "0." If the response for this item is prepopulated in the assessment you are using and you are entering assessment data in EIM-ESM, enter the response as it appears in the assessment.

HOW

To determine a patient's/client's wait time, tally the number of days between the date of first contact with the program and the date of the first available appointment or bed.

Do's:

- Your agency decides which staff member records patients'/clients' initial date of contact with the program and where the date is recorded. **Where a patient's/client's date of first contact may be located:**

  - If you work in a large agency, the patient's/client's date of initial contact may be available in your agency's central intake system.

  - For treatment programs that receive patient/client information from the Institute for Health & Recovery, the date of first contact should appear on the referral that is faxed to your program.

  - For programs that provide Section 35 services, the date of initial contact is on the commitment order from the court.

- If the number of days between initial contact with the program and the first available appointment/bed is **unknown**, enter 999.

- If your program receives a referral for a patient/client and **time elapses before the patient/client is ready to enroll** in the program, use the date the patient/client was ready to enroll as the date of initial contact.

- **For patients/clients entering Clinical Stabilization Services (CSS) directly,** this item refers to the first available bed day. Enter the number of days from the first request to first bed availability.

  - For those coming directly from Acute Treatment Services (ATS) with no break in service, the number is 0.

  - If the information is unknown, enter 999.

- For patients/clients entering **Transitional Support Services (TSS) directly and those who left ATS or CSS because a TSS bed was unavailable,** this item refers to the first available bed day. Enter the number of days from the first request to first bed availability.

- For those coming directly from ATS or CSS with no break in service, the number is 0.

- If the information is unknown, enter 999.

- **For traditional outpatient (ambulatory) programs,** the days waited should be based on service availability, not patient/client availability.

  - If the program and patient/client agree on an appointment date that meets the patient's/client's needs, the number is 0.

  - If the patient/client asks for an appointment within a specified time frame (e.g., that day or in a week) and the program cannot accommodate the request because provider schedules or groups are full, enter the number of days between the date of the call or request and the first available appointment.

- For **guest dosing,** the initial date of contact with the program is when the patient/client asks to be transferred from being a guest doser at the program to being admitted as a patient/client to that program.

Don'ts:

- **Do not ask the patient/client the date of their initial contact** with the program or how many days elapsed before they were admitted.

- Wait time **should not include** time delays caused by the patient's/client's lack of availability or the patient's/client's failure to meet requirements or obligations.

- **Do not use the date the patient/client was referred** to the program as the initial date of contact; use the date the patient/client (or someone on behalf of the patient/client) requested an appointment or admission to the program.

Source of Referral

This is a required item in the enrollment assessment.

WHAT

This question inquires who referred the patient/client to your program. A referral source is defined as a person or organization that refers an individual to a third party for services.

WHY

Understanding the sources of patient/client referral is important for data-informed strategic planning and policymaking. Identifying referral sources also contributes to understanding continuity of care for patients/clients and patterns of referral to treatment.

RESPONSE OPTIONS

01: Self, Family, Non-medical Professional
02: BMC Central Intake/Room 5
03: ATS/Detox
04: Transitional Support Services/TSS
05: Clinical Stabilization Services/CSS-CMID
06: Residential Treatment
07: Outpatient SA Counseling
08: Medication Assisted Treatment (Medication for Addiction Treatment)
09: Drunk Driving Program
10: Acupuncture
11: Gambling Program
Note: Sec 35 Options are grouped although numbers are not in sequence. Select correct #.
12: Sec 35 (WATC & MATC)
24: Sec 35 Bridgewater MASAC
25: Sec 35 Framingham MCI
(13 is discontinued)
14: Sober House
15: Information and Referral
17: Second Offender Aftercare
16: Recovery Support Centers
18: Family Intervention Program
19: Other Substance Abuse Treatment
20: Health Care Professional, Hospital
21: Emergency Room
22: HIV/AIDS Programs
23: Needle Exchange Programs
(24-25 are discontinued)
26: Mental Health Care Professional
30: School Personnel, School System/Colleges
31: Recovery High School
(32-39 are discontinued)
40: Supervisor/Employee Counselor
(41-49 are discontinued)
50: Shelter
51: Community or Religious Organization
(52-58 are discontinued)
59: Drug Court
60: Court - Section 35
63: Court - Other
64: Prerelease, Legal Aid, Police
65: County House of Corrections/Jail
66: Office of Community Corrections
67: Department of Corrections

68: Office of the Commissioner of Probation
69: Massachusetts Parole Board
70: Dept. of Youth Services
71: Dept. of Children and Families
72: Dept. of Mental Health
73: Dept. of Developmental Services
(74-76 are discontinued)
77: Mass. Rehab. Commission
78: Mass. Commission for the Blind
79: Mass. Comm. For Deaf & Hard of Hearing
80: Other State Agency
(81 is discontinued)
99: Unknown

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, there are only three response options: DCF, Family, and Residential Treatment Program. In the enrollment assessment for MA Impaired Driver (MID)—First Offender, there are only four response options: 61 (Court-DUI), 57 (Registry of Motor Vehicles), 58 (Out of State DUI Referral), and 09 (Drunk Driving Program-transfer). In the enrollment assessment for Section 35 (Civil Commitment) Programs, there are only two response options: 60 (Court-Section 35) and 67 (Department of Correction-transfer from MCI-F or Bridgewater).

HOW

Obtain a single referral source from each patient/client. Enter a two-digit code from the list above. Responses must contain two digits with a leading zero for numbers 1 to 9.

Do's

- The response option **"Self, Family, Nonmedical Professional"** includes the patient/client, a family member, friend, or any individual not included in any of the other response options for this item.

- **Pay close attention** to the codes in the list of response options; some numbers have been discontinued or changed and new choices added.

- If a patient/client reports self-referral **and** referral from a court or an addiction or healthcare professional, **record** the code for the court or addiction or healthcare professional rather than self-referral.

Frequency of attendance at self-help programs (e.g., AA, NA) in 30 days prior to admission

This is a required item in the enrollment assessment.

WHAT

This item inquires how often the patient/client attended self-help/mutual support groups focused on recovery from substance use in the prior 30 days. Self-help groups are non-therapeutic groups that are typically peer-led and provide mutual support that assists in individuals' recovery.

In the enrollment assessment for Compulsive Gambling Programs, this item is omitted.

WHY

Peer support can help individuals to engage with and stay connected to their recovery process. Frequency of participation in self-help programs can be an indication of engagement in treatment and stability in recovery.

RESPONSE OPTIONS

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, but frequency unknown
99. Unknown

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, the response for this item is prepopulated as "99." If the response for this item is prepopulated in the assessment you are using and you are entering assessment data in EIM-ESM, enter the response as it appears in the assessment.

HOW

Ask the patient/client how many times they participated in any self-help group in the 30 days **prior** to enrollment. Self-help programs include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance use. Select the response option the patient/client provides and enter the corresponding code from the list above. Responses must contain two digits with a leading zero for numbers 1 to 6.

Client Type

This is a required item in the enrollment assessment.

WHAT

A **primary** patient/client is an individual seeking treatment for their own substance use disorder. A **collateral** patient/client is someone enrolled in a program because of a family member or significant other's substance use disorder. In residential programs where family members are with the patient/client, children are enrolled as collateral patients/clients.

In the enrollment assessments for Acute Treatment Services, MAT (OTP and OBOT), Section 35 (Civil Commitment) Programs, Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted.

WHY

In certain residential and outpatient services, patients/clients are enrolled along with a family member or significant other. This item ensures that only patients/clients with a family member or significant other are admitted to these programs.

RESPONSE OPTIONS

Primary; Collateral

In the enrollment assessment for Clinical Stabilization Services, the response for this item is prepopulated as "Primary." In the enrollment assessment for Family Residential and Family Supportive Housing—Children, the response for this item is prepopulated as "Collateral." If the response for this item is prepopulated in the assessment you are using and you are entering assessment data in EIM-ESM, enter the response as it appears in the assessment.

HOW

In traditional outpatient programs, an enrollee is either a primary or collateral patient/client. Use the primary and collateral definitions above to determine which is appropriate for each enrollee.

Do's

- For some service modalities, this question is prepopulated in the enrollment assessment form to ensure that providers do not select "Collateral" for primary patients/clients.

- Patients/clients receiving **Acute Treatment Services (ATS), Transitional Support Services (TSS), and Clinical Stabilization Services (CSS)** are always **primary patients/clients.**

- Patients/clients in **Recovery Support Services (RSS) may be admitted with a family member or significant other who must be recorded as a collateral.**

- In **family residential** and **Postpartum Residential Rehabilitation Services (RRS)** programs, children are added as collaterals.

- Collateral patients/clients may also have significant problems involving drugs and/or alcohol. If collateral patients/clients decide to engage in treatment for their own substance use disorder, they should be disenrolled as a collateral client and re-enrolled as a primary patient/client.

Don'ts

- **Do not admit** a patient/client to a family residential program without a collateral patient/client.

Additional Client Type

This is a required item in the enrollment assessment.

WHAT

This item inquires whether the patient/client identifies as any of the client types below (in addition to being either a primary or collateral patient/client).

In the enrollment assessment for Compulsive Gambling Programs, this item is omitted.

WHY

Understanding the population groups that patients/clients belong to is helpful in designing and fine-tuning treatment services.

RESPONSE OPTIONS

a. **Student:** Patients/clients enrolled in any type of formal or vocational education
b. **Pregnant:** Patients/clients who are currently pregnant
c. **Postpartum:** Patients/clients who gave birth within one year prior to enrollment

d. **Veteran/Any military service:** Patients/clients who have ever served in any branch of the U.S. military (Army, Navy, Air Force, Marine Corps, Coast Guard), Commissioned Corps of the U.S. Public Health Service, or the National Oceanic and Atmospheric Administration

e. **Prison:** Patients/clients who are incarcerated and receiving substance addiction treatment while they are in a correctional facility

f. **Probation:** Patients/clients who are under the supervision of the Office of the Commissioner of Probation (Note that substance addiction treatment may or may not be mandated as a condition of the patient's/client's probation.)

g. **Parole:** Patients/clients who are under the supervision of the Massachusetts Parole Board

h. **Federal Probation:** Patients/clients who are on probation under the supervision of the federal government

i. **Federal Parole:** Patients/clients who are on parole under the supervision of the federal government

In the standard enrollment assessment, the response for "e. Prison" is prepopulated as "No." In the enrollment assessment for Section 35 (Civil Commitment) Programs, an additional Client Type appears (j. Section 35) and the response is prepopulated as "Yes." In the enrollment assessment for Family Residential and Family Supportive Housing—Children, the following Additional Client Types are all prepopulated with "No" responses: d. (Veteran/Any military service), e. (Prison), f. (Probation), g. (Parole), h. (Federal Probation), and i. (Federal Parole). If the response for this item is prepopulated in the assessment you are using and you are entering assessment data in EIM-ESM, enter the response as it appears in the assessment.

HOW
Ask the patient/client to answer Yes or No for each client type (a-i) listed above. Enter a response (Yes or No) for each client type.

Do you have children?
This is a required item in the enrollment assessment.

WHAT
This question inquires whether the patient/client has biological, adopted, and/or living stepchildren, regardless of whether the children live with the patient/client. The question includes children who have died.

In the enrollment assessment for Access to Recovery (ATR), this item is omitted.

WHY
These data can be used for treatment planning, the enrollment of collateral patients/clients, and resource allocation at agency and state levels.

RESPONSE OPTIONS

Yes; No; Refused

(If yes, complete a–d below. If no, skip to next item—Are you the primary caregiver for any children?)

If the patient/client answers Yes:

a. **Number of children under 6:** *Enter a whole number*
b. **Number of children 6-18:** *Enter a whole number*
c. **Children over 18:** *Enter a whole number*
d. **Are any of the children of the Native American Indian race:** Yes; No; Refused

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, the responses for "Number of children 6-18" and "Children over 18" are prepopulated as "0." If the response for this item is prepopulated in the assessment you are using and you are entering assessment data in EIM-ESM, enter the response as it appears in the assessment.

HOW

Ask all patients/clients this question, regardless of their gender. If yes, complete a-d. If No, skip to "Are you the primary caregiver for any children?") Record a number between 0 and 9 for each age category (i.e., Number of children under 6; Number of children 6-18; and Children over 18).

Do's

- **Do include** all children **except** those for whom the patient/client has never had legal custody or has never been legally responsible.

- **Do include adult children of any age, adopted children** and **stepchildren** for whom the patient/client is legally responsible, and **deceased children.**

Don'ts

- **Do not include:**

  - Children for whom the patient/client has never had legal custody or has never been legally responsible (e.g., grandchildren for whom parental rights have not been granted to the patient/client).

  - Children whom the patient/client babysits or children the patient/client takes care of on a temporary basis (e.g., a neighbor's children).

  - Foster children

Are you the primary caregiver for any children?

This is a required item in the enrollment assessment.

WHAT
This item inquires whether the patient/client is the primary caregiver for any children. A primary caretaker is the adult who takes care of a child's most basic needs (e.g., by feeding, bathing, grooming, and clothing the child).

In the enrollment assessments for Compulsive Gambling Programs and Access to Recovery, this item is omitted.

WHY
The question is intended to ensure that arrangements have been made for any children in the patient's/client's care while the patient/client receives services.

RESPONSE OPTIONS
Yes; No; Refused

HOW
Ask the patient/client if they are the primary caregiver for any children.

Employment status at enrollment

This is a required item in the enrollment assessment.

WHAT
There are two employment questions in the enrollment assessment that are intended to determine patients'/clients' employment status (this question and the following question about the number of days worked in the past 30 days).

Employment includes work performed when the patient/client has an informal work arrangement and is paid **"under the table" or is working without a permit (in the case of undocumented persons) as long as the work would otherwise be considered legal.** For example, if a patient/client works in a restaurant and is paid under the table, record that as employment.

Some patients/clients don't answer or hesitate to answer questions about employment out of concern that their response could affect child custody agreements or unemployment assistance or that their participation in treatment could be shared with their employer.

Access to patients'/clients' employment information is limited; the information may be used by BSAS to assess treatment services, plan future services, or meet federal and state reporting requirements for program funding.

WHY

Employment questions are part of the National Outcome Measures that BSAS's federal funding agency, SAMHSA, requires states to collect and submit. Employment is a contributing factor to patients'/clients' overall health and well-being. Patients'/clients' employment information and other social determinants of health are used to develop policies and design programs.

RESPONSE OPTIONS

1. Working full time
2. Working part time
3. Unemployed—Looking
4. Unemployed—Not Looking
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

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, the response is prepopulated as "9 (Not in labor force—Other)." If the response for this item is prepopulated in the assessment you are using and you are entering assessment data in EIM-ESM, enter the response as it appears in the assessment.

HOW

Ask the patient/client if they are currently employed. Use the codes above and the following definitions to record the patient's/client's response.

- **Working Full Time:** If a patient/client works 35 hours or more a week, regardless of how many jobs they hold, record "Working Full Time." Day labor for 35 or more hours a week is considered full time employment.
- **Working Part Time:** If the patient/client works between one and 34 hours a week, record "Working Part Time."

- **Unemployed—Looking:** If a patient/client says they are unemployed, ask if they are currently looking for employment. Record "Unemployed—Looking" if the patient/client has looked for work during the past 30 days or is on layoff from a job.
- **Unemployed—Not Looking:** If a patient/client has not looked for work during the past 30 days or is an inmate of an institution, record "Unemployed—Not Looking."
- **Not in Labor Force—Retired**
- **Not in Labor Force—Disabled:** If a patient/client is physically and/or developmentally disabled, record "Disabled."
- **Not in Labor Force—Homemaker**
- **Not in Labor Force—Student:** If a patient/client is a student and is not employed, record "Not in Labor Force—Student."
- **Not in Labor Force—Incarcerated:** If a patient/client is a resident of an institution or receives services from institutional facilities such as hospitals, jails, prisons, and long-term residential care, record "Not in Labor Force—Incarcerated."
- **Not in Labor Force—Other**
- **Volunteer**
- **Other**
- **Maternity/Family Leave**
- **Unknown**

Do's

- For patients/clients who are **students and are employed,** record either "Working Full Time" or "Working Part Time."

- Record patients/clients who are **self-employed** as employed.

- Record patients/clients who **receive services such as housing, schooling, or child care in exchange for their work** as employed.

- For **active-duty members of the uniformed services,** record "Working Full Time."

- Record the unemployment status of **seasonal workers** based on their employment status at the time of admission.

- If a patient/client falls in **multiple employment categories** (e.g., is retired, disabled, and does volunteer work), record "Other."

- Regardless of a patient's/client's **citizenship, residency, work permit, or employment-related visa status,** if they are working, record either "Working Full Time" or "Working Part Time."

Don'ts

- **Do not record a patient's/client's gambling as employment,** even if it occurs in a legal casino, unless the individual is a casino employee.

Number of days worked in the past 30 days?

This is a required item in the enrollment assessment.

WHAT
This item inquires about how many days the patient/client worked in the previous 30 days.

WHY
Employment questions are part of the National Outcome Measures that BSAS's federal funding agency, SAMHSA, requires states to collect and submit. Employment is a contributing factor to patients'/clients' overall health and well-being. Patients'/clients' employment information and other social determinants of health are used to develop policies and design programs.

RESPONSE OPTIONS
Enter a whole number

In the enrollment assessment for Family Residential and Family Supportive Housing— Children, the response is prepopulated as "0." If the response for this item is prepopulated in the assessment you are using and you are entering assessment data in EIM-ESM, enter the response as it appears in the assessment.

HOW
Ask the patient/client how many days they worked in the past 30 days. Employment includes work performed when a patient/client has an informal work arrangement and is **paid "under the table" or is working without a permit (in the case of undocumented persons) as long as the work would otherwise be considered legal.** For example, if a patient/client works in a restaurant and is paid under the table, record that as employment.

Do's
- **Be aware** that some patients/clients experience considerable variation in the number of days they work from week to week. Patients/clients who enroll in treatment in the middle of a month may have difficulty determining how many days they worked the previous 30 days.

Where do you usually live?

This is a required item in the enrollment assessment.

WHAT
This question inquires where the patient/client has spent/slept most of the time over the 12 months prior to enrollment.

WHY

The health, wellness, and recovery implications of homelessness and unstable housing are significant. In addition, information collected through this question can help in documenting the migration of populations and whether individuals leave a given area to obtain services in another.

RESPONSE OPTIONS

1. House or apartment
2. Room/boarding or sober house
3. Institution
4. Group home/treatment
5. Shelter/mission
6. On the streets
7. Foster care
88. Refused

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this additional response option appears: "8. (N/A Infant)."

HOW

Select only one response. If the patient/client has been living in more than one place for the previous 12 months, record where they have been living the longest.

Do's

- If the patient/client was **incarcerated** for most of the previous 12 months, select "Institution."

- If the patient/client was in a **residential treatment program** for most of the previous 12 months, select" "Group home/treatment."

- If the patient/client asks what is meant by where they usually live, **explain** that it means where they have been staying or spending their nights.

- If the patient/client has trouble remembering where they usually live, **start with** the previous evening and work backward in small increments (i.e., "Where did you sleep last night? Where did you sleep most of last week?").

- If a patient/client reports "living the longest" in two or more locations for an equal amount of time, **record** where they lived most recently.

Who do you live with?

This is a required item in the enrollment assessment.

WHAT

The question inquires with whom the patient/client was living when they entered the program.

In the enrollment assessment for Access to Recovery, this item is omitted. In the enrollment assessment for Compulsive Gambling Programs, this item is worded as follows: "Client lives with?"

WHY

Some living situations (e.g., living alone) can be a risk factor in recovery.

RESPONSE OPTIONS

(Check all that apply)

Alone: The patient/client lived with no one else.

Child under 6: Lived with a child or children under six years old who are related or unrelated to the patient/client.

Child 6-18: Lived with a child or children six to 18 years old who are related or unrelated to the patient/client.

Child over 18: Lived with a child or children over 18 years old who are related to the patient/client.

Spouse/Equivalent: Lived with a spouse or equivalent (e.g., significant other).

Parents: Lived with mother and/or father, including stepparents.

Other relative: Lived with one or more other relatives.

Roommate/friend: Lived with one or more roommates and/or friends.

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, the response for this item is prepopulated as "Parents." If the response for this item is prepopulated in the assessment you are using and you are entering assessment data in EIM-ESM, enter the response as it appears in the assessment.

HOW

Ask the patient/client with whom they lived before entering the program. Check all that apply.

Don'ts

- If you record that the patient/client lives alone, **do not select** any other responses

Use of Mobility Aid

This is a required item in the enrollment assessment.

WHAT

This item inquires about the patient's/client's use of a mobility aid such as a walker, crutches, or a wheelchair.

In the enrollment assessments for Family Residential and Family Supportive Housing—Children, Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted.

WHY

To meet patient/client needs, it is important for providers to be aware of any disabilities the patient/client has.

RESPONSE OPTIONS

(Check all that apply)
None; crutches; walker; manual wheelchair; electric wheelchair

HOW

Ask the patient/client if they use crutches, a walker, a manual wheelchair, an electric wheelchair, or no mobility aid.

> ### Do's
> - For patients/clients who use a **cane**, record "Crutches."
>
> - **Ask every patient/client** this question. Do not assume that you know the answer based on your observation of the patient/client.

Vision Impairment

This is a required item in the enrollment assessment.

WHAT

This item inquires whether the patient/client has a vision impairment and, if yes, the level of severity of the impairment.

In the enrollment assessments for Family Residential and Family Supportive Housing—Children, Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted.

WHY

To meet patient/client needs, it is important for providers to be aware of any disabilities the patient/client has.

RESPONSE OPTIONS

0. None (Normal vision)
1. Slight (Vision can be or is corrected with glasses/lenses)
2. Moderate ("Legally blind" but having some normal vision)
3. Severe (No usable vision)

HOW

Ask the patient/client if they have a vision impairment. Enter the code above that best describes the level of vision impairment the patient/client experiences.

Do's

- **Ask every patient/client** this question. Do not assume that you know the response to this item based on your observation of the patient/client.

Hearing Impairment

This is a required item in the enrollment assessment.

WHAT

This item inquires whether the patient/client has a hearing impairment and, if yes, the level of severity of the impairment.

In the enrollment assessments for Family Residential and Family Supportive Housing—Children, Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted.

WHY

To meet patient/client needs, it is important for providers to be aware of any disabilities the patient/client has.

RESPONSE OPTIONS

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

HOW

Ask the patient/client if they have a hearing impairment. Enter the code above that best describes the level of hearing impairment the patient/client experiences.

SelfCare/ADL Impairment

This is a required item in the enrollment assessment.

WHAT

This item inquires whether the patient/client has difficulty taking care of themselves/performing activities of daily living (ADL). ADL includes activities such as bathing/showering, dressing, getting in and out of bed or a chair, walking, and feeding oneself.

In the enrollment assessments for Family Residential and Family Supportive Housing—Children, Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted.

WHY

To meet patient/client needs, it is important for providers to be aware of any disabilities the patient/client has.

RESPONSE OPTIONS

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 an 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)

HOW

Ask the patient/client if they have difficulty with bathing, dressing, walking, feeding themselves, or other activities of daily living. Enter the code that best describes the level of ADL impairment the patient/client experiences.

Do's

- If the patient/client experiences challenges with self-care/ADL, **probe for more information.** For example, if the patient/client says they need assistance with bathing, dressing, feeding themselves, and/or other ADL, ask if they can accomplish these activities themselves by using an adaptive device and/or having extra time. Ask if they need a personal attendant to assist with these activities.

- **Ask every patient/client** this question. Do not assume that you know the response to this item based on your observation of the patient/client.

Developmental Disability

This is a required item in the enrollment assessment.

WHAT

This item inquires whether the patient/client has a developmental disability and, if yes, the level of severity of the disability.

In the enrollment assessments for Family Residential and Family Supportive Housing—Children, Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted.

WHY

To meet patient/client needs, it is important for providers to be aware of any disabilities the patient/client has.

RESPONSE OPTIONS

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

HOW

Enter the code above that best describes the level of developmental disability the patient/client experiences.

Don'ts

- **Do not assume** that you know the response to this item based on your observation of the patient/client.

Prior Mental Health Treatment

This is a required item in the enrollment assessment.

WHAT

This item inquires whether the patient/client has previously received treatment for mental health issues and, if so, what type of treatment.

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

It is important to understand the co-occurrence of substance use and mental health disorders among patients/clients.

RESPONSE OPTIONS

0. No history
1. Counseling
2. One hospitalization
3. More than one hospitalization

HOW

Enter the one code above that best describes the patient's/client's prior mental health treatment.

Do's

- If the patient/client has received more than one type of mental health treatment, **code the highest number.** For example, if the patient/client has received both counseling (coded as 1) and one hospitalization (coded as 2), record 2.

Don'ts

- For the purpose of this question, **do not record** as prior mental health treatment any treatment the patient/client has received to address substance addiction.

During the past 12 months, did you take any prescription medication that was prescribed for you to treat a mental or emotional condition?

This is a required item in the enrollment assessment.

WHAT

This question inquires whether the patient/client has taken any prescribed medication for a mental or emotional condition in the 12 months prior to enrollment.

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

It is important to understand the co-occurrence of substance use and mental health disorders among patients/clients.

RESPONSE OPTIONS

1. Yes
2. No
88. Refused
99. Unknown

HOW

Ask the patient/client if they have taken any prescription medication that was prescribed for them to treat a mental or emotional condition in the previous 12 months. Enter the code above that corresponds to the patient's/client's response.

Number of prior admissions to each substance abuse treatment modality

This is a required item in the enrollment assessment.

WHAT

This item inquires about the number of previous treatment episodes the patient/client has had in any substance use treatment program.

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

It is helpful to understand a patient's/client's prior substance use treatment history to understand where they are in the recovery process.

RESPONSE OPTIONS

Detox; Residential; Outpatient; Opioid; Drunk Driver; Section 35; Other. For each treatment modality, enter: 0-5; 5 (for 5 or more admissions); or 99=Unknown

HOW

Ask the patient/client if they have ever previously been admitted to a substance abuse treatment program. If yes, list each of the treatment options (i.e., Detox, Residential, Outpatient, Opioid, Drunk Driver, Section 35, and Other) and record the number of admissions the patient/client has had for each.

Don'ts

- If the patient/client is currently being admitted to a residential program, **do not include** this program in the response.

- **Do not record** a change in service for the same treatment episode (transfers) as a separate prior admission.

- **Do not record** here information related to the patient's/client's mental health treatment history.

Are you currently receiving Medication Assisted Treatment?

This is a required item in the enrollment assessment.

WHAT

This item inquires whether the patient/client is currently receiving medication-assisted treatment (MAT).

In the enrollment assessments for Family Residential and Family Supportive Housing—Children and MAT (OTP and OBOT), this item is omitted.

WHY

When a patient/client enrolls in substance use disorder treatment, it is important to know if they are receiving MAT at the time of enrollment. Knowing whether a patient/client is also receiving MAT can assist with clinical assessment and discharge planning.

RESPONSE OPTIONS

Yes; No *(If No, skip to the next item—Currently receiving services from a state agency)*

HOW

Ask the patient/client if they are currently receiving any form of medication-assisted treatment.

Do's
- **Ask patients/clients** about each of these MAT options: Methadone, Suboxone, and Vivitrol.

Don'ts
- **Do not record** MAT that a patient/client received in the past.

a. **Are you receiving Methadone Treatment?** (This question is inquiring **only** about medication for substance use disorder **outpatient** treatment received in the community.) (If Yes, skip to the next item—Currently receiving services from a state agency)

RESPONSE OPTIONS: Yes; No

b. **Are you receiving Suboxone or Vivitrol treatment?**

RESPONSE OPTIONS: Buprenorphine (Suboxone); Extended release injectable naltrexone (Vivitrol)
Record Sublocade as Suboxone.

c. **Is your Suboxone or Vivitrol prescription for alcohol use disorder, opioid use disorder, or both?**

RESPONSE OPTIONS: Alcohol use disorder; Opioid use disorder; Both

Currently receiving services from a state agency

This is a required item in the enrollment assessment.

WHAT

This question inquires whether the patient/client is currently receiving services from any other state agency.

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

It is important to understand the other state agency services that a patient/client is receiving so that services may be coordinated and resources optimized.

RESPONSE OPTIONS

(Check all that apply) None; DCF children and families; DYS youth services; DMH client has a case manager; DDS developmental disabilities; DPH e.g., HIV/STD, not BSAS; DTA e.g., food stamps; MRC Rehabilitation Commission; MCB services for the blind; MCDHH services for deaf and hard of hearing; Other

HOW

Ask the patient/client if they are currently receiving services from any other state agency in Massachusetts apart from the treatment program they are currently enrolling in.

Do's

- If a patient/client indicates that they are not receiving services from another state agency, **select None.** Do not skip this item.

- **Be aware that** patients/clients who have open cases with the Department of Children and Families (DCF) often respond that they are not receiving services from DCF.

Number of arrests in the past 30 days?

This is a required item in the enrollment assessment.

WHAT

This question inquires how many times the patient/client was arrested for any cause in the previous 30 days. It is not focused on the number of charges associated with arrests.

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

There is a close relationship between substance addiction and involvement in the criminal justice system.

RESPONSE OPTIONS

Enter a whole number
(Note that Section 35 is not an arrest; it is a civil commitment.)

HOW

Ask the patient/client if they have been arrested by any law enforcement body in the previous 30 days.

Do's

- Record **any formal arrest,** regardless of whether incarceration or conviction resulted.

- For juvenile patients/clients, **detention** counts as an arrest.

- Use neutral, non-judgmental words to avoid stigmatizing patients/clients who have been arrested.

Don'ts

- **Do not record** incidents when a patient/client was picked up or questioned by law enforcement officials without being formally arrested or detained.

History of Substance Misuse, Nicotine/Tobacco Use, and Gambling

This is a required item in the enrollment assessment.

WHAT

This section of the enrollment assessment inquires about the patient's/client's history of substance use. The first question about each substance is whether the patient/client has ever used the substance. This refers to **any use of the substance by the patient/client during their lifetime.** If the patient/client has used the substance, the provider then asks the patient/client their age at first use of the substance, how recent their last use of the substance was, the frequency of their last use of the substance, and the route of administration they use/used for the substance.

In the enrollment assessments for Compulsive Gambling Programs and Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

The information gathered about patients'/clients' substance use history is used to understand the need for substance use treatment services in Massachusetts and to design services that align with the needs. Therefore, it is important that you record specific, complete information in this table.

Introducing This Part of the Assessment

This table can be challenging because it lists many substances and there are several questions about each substance the patient/client reports using. Some patients/clients find discussing details about their substance use history frustrating or triggering.

One way to introduce this section of the assessment is to say, "Now we are going to go through a list of substances you may or may not have used. I have a few questions to ask you about each substance. Please be open and honest."

RESPONSE OPTIONS

A. Alcohol
B. Cocaine
C. Crack
D. Marijuana/Hashish
E. Heroin
F. Prescribed Opiates (Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client)
G. Non-Prescribed Opiates (Non-medical use of pharmaceutical opiates which were not prescribed for the client)
H. PCP

I.   Other Hallucinogens
J.   Methamphetamine
K.   Other Amphetamines
L.   Other Stimulants
M.   Benzodiazepines
N.   Other Tranquilizers
O.   Barbiturates
P.   Other Sedatives/Hypnotics
Q.   Inhalants
R.   Over the Counter
S.   Club Drugs
U.   Other
V.   Fentanyl
X.   Nicotine/Tobacco (includes cigarettes, cigars, chewing tobacco, inhalers)
Y.   Gambling (includes 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)
Z.   K2/Spice or Other Synthetic Marijuana

When a patient/client reports they have used a substance, you may want to use this wording to ask the four follow-up questions:

- How old were you when you first used *(insert name of substance)?*
- When did you last use *(insert name of substance)?*
- When you last used *(insert name of substance)* how frequently did you use it?
- How did you use *(insert name of substance)?* (Route of administration)

Have you ever misused/bet?

RESPONSE OPTIONS: Yes; No

Age of First Use/Bet

RESPONSE OPTIONS: *Enter a whole number*

Last Used/Bet

RESPONSE OPTIONS:
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

Frequency of Last Use/Bet

RESPONSE OPTIONS:

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

Route of Administration

RESPONSE OPTIONS:

1. Oral (swallow and/or chewing)
2. Smoking
3. Inhalation
4. Injection
5. Other
6. Electronic Devices/Vaping

HOW

The first question about each substance is **whether the patient/client has ever used the substance.** You are asked to **record all use of each substance,** not just current use or use that the patient/client or you consider problematic.

Do's

- Record **any use of each substance** over the patient's/client's lifetime.

- Ask patients/clients about **every substance listed** in the table.

- If a patient/client has used a substance just **once or twice, record this use** in the table.

- For **alcohol**, record the patient's/client's age at their **first instance of intoxication,** rather than how old they were when they first used alcohol.

- If a patient/client reports **multiple routes of administration** for a given substance, record the route of administration that the patient/client uses most frequently.

- If a patient/client uses or has used a prescribed medication for **non-medical purposes or at higher dosage** than prescribed, **record that** in the table.

- If a patient/client says they started using (or tried) a given substance at X age, but the substance didn't "become a problem" for them until Y age, **record the age when they first used the substance.**

- Note that **"Electronic devices/Vaping"** has been added as a possible Route of Administration for all of the substances in the table.

- Because patients/clients who have used heroin for a while often don't know when fentanyl first began to be mixed with it, when a patient/client says they have used fentanyl, **consider asking,** "When did you first know you were using fentanyl?" and "When did you last knowingly use fentanyl?"

- If a patient's/client's response about a substance doesn't seem factual (for example, they say they haven't used a substance, but you can smell the substance on them), **record what the patient/client tells you.**

Don'ts

- **Do not record** in the table information about the patient/client that you have gathered from **external sources** (e.g., from an ER assessment).

- **Do not record just** substance use that **seems problematic** to you or that the patient/client says they **engage in regularly.**

- **Do not record** just the patient's/client's **current or recent use** of the substances in the table. Record **all lifetime use.**

- **Do not ask** patients/clients whether they **"have a problem with"** any of the substances in the table. Instead, ask them which substances they have used or are using.

- **Do not record** information about **only the substances the patient/client says are their primary drug.** Record information about every substance they have used or are using.

- **Do not record** in the table medications prescribed for the patient/client (e.g., pharmaceutical opiates, benzodiazepines, marijuana) that they use or have used **for medicinal purposes at the prescribed dosage.**

Number of cigarettes *currently* smoked per day

WHAT

This item inquires about the number of cigarettes the patient/client currently smokes per day. It is not asking about vaping nicotine or chewing tobacco.

In the enrollment assessments for Family Residential and Family Supportive Housing—Children and Access to Recovery, this item is omitted.

WHY

Smoking cigarettes increases the risk of relapse following treatment for a substance use disorder.

RESPONSE OPTIONS

Enter a whole number *(Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes)*

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

If the person does not use nicotine products, skip to next question.

HOW

Ask the patient/client if they smoke. If yes, ask how many cigarettes they currently smoke per day.

Do's

- If the patient/client uses a type of **nicotine/tobacco product other than cigarettes** (e.g., vaping nicotine or chewing tobacco), mark Zero (0). Go to—Interest in stopping nicotine/tobacco use at enrollment.

- If the patient/client does not use nicotine products, skip to Types of last regular gambling.

Don'ts

- **Do not record** the number of packs smoked per day; record the number of individual cigarettes.

- **Do not record** the use of other forms of nicotine such nicotine gum or patches.

Interest in stopping nicotine/tobacco use at enrollment

WHAT

This question inquires whether a patient/client who smokes is interested in stopping nicotine/tobacco use at the time of enrollment.

In the enrollment assessments for Acute Treatment Services, Compulsive Gambling Programs, Family Residential and Family Supportive Housing—Children, Section 35 (Civil Commitment) Programs, and Access to Recovery, this item is omitted.

WHY

Smoking cigarettes increases the risk of relapse following treatment for a substance use disorder.

RESPONSE OPTIONS

1. No
2. Yes, within 6 months
3. Yes, within 30 days
4. Does not apply (already stopped)
88. Refused
99. Unknown

HOW

Ask patients/clients who say they smoke if they are interested in stopping. If yes, ask if they are interested in stopping within 30 days, within 6 months, etc.

Types of last regular gambling

WHAT

This item inquires whether the patient/client has a history of regularly gambling and, if yes, what type of gambling they last engaged in.

In the enrollment assessments for Family Residential and Family Supportive Housing—Children, Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted.

WHY

Gambling and substance use disorders often go hand in hand.

RESPONSE OPTIONS

(Check all that apply) 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

If person does not have a gambling problem, skip to—ranking primary, secondary, and tertiary substances.

HOW

Ask the patient/client if they regularly take part in any form of gambling. If yes, ask about each form of gambling listed above.

Have you ever thought you might have a gambling problem, or been told you might?

WHAT
This question inquires whether the patient/client or those around them consider the patient's/client's gambling problematic.

In the enrollment assessments for Family Residential and Family Supportive Housing—Children, Moms Do Care, Access to Recovery, and Home Visit Initiative (First Steps Together), this item is omitted.

WHY
Individuals with a compulsive gambling disorder are more likely to develop a substance use disorder and vice versa.

RESPONSE OPTIONS
Yes; No; Refused

HOW
For patients/clients who responded yes to the previous question about regular gambling, ask whether they have ever thought they have a gambling problem or if anyone has ever told them they do.

> **Do's**
> - As appropriate, explain that problematic gambling involves repeated gambling that leads to problems for the individual, their family, and society.

Rank substances by entering corresponding letter for substances listed above (in substance use history table)
This is a required item in the enrollment assessment.

WHAT
This question inquires about the patient's/client's primary, secondary, and tertiary drug of choice. A primary drug of choice is the problem substance that brought the patient/client into treatment.

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

This item helps to clarify the substances that each patient/client uses.

RESPONSE OPTIONS

Primary Substance: Insert the letter designation (A-Z) from the History of Substance Misuse question above that corresponds to the patient's/client's primary substance.
Secondary Substance: Insert the letter designation (A-Z) from the History of Substance Misuse question above that corresponds to the patient's/client's secondary substance.
(If no secondary substance, leave blank.)
Tertiary Substance: Insert the letter designation (A-Z) from the History of Substance Misuse question above that corresponds to the patient's/client's tertiary substance. *(If no tertiary substance, leave blank.)*

HOW

For each patient/client, enter the patient's/client's primary, secondary, and tertiary drug of choice from the History of Substance Misuse table above.

Do's

- Keep in mind that a **primary drug** is the problem substance that brought the patient/client into treatment.

- Clinicians may rank substances **based on their clinical opinion** after reviewing the patient's/client's substance use history, not solely based on the patient's/client's report.

- If the patient/client is unable to evaluate their preference/addiction to specific substances, the determination of the primary, secondary, and tertiary drug may be made by the clinician, using the following criteria:

  - Pattern and frequency of use of the substance

  - Degree of present or past physical, mental, and/or 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 the substance

- If a secondary substance is recorded, a primary substance must also be recorded.

- If a tertiary substance is recorded, primary and secondary substances must also be recorded.

Don'ts

- **Do not record** nicotine/tobacco or gambling as a primary, secondary, or tertiary drug.

Needle Use?

This is a required item in the enrollment assessment.

WHAT

This question inquires whether the patient/client has used a needle to use drugs and if yes, how recent their last use of a needle was.

In the enrollment assessment for Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

Individuals who inject drugs have a higher risk of death than those who use drugs but don't inject them. This is primarily due to overdose and HIV/AIDS-related mortality.

RESPONSE OPTIONS

0. Never
1. 12 or more months ago
2. 3 to 11 months ago
3. 1 to 2 months ago
4. Past 30 days
5. Last week

HOW

Ask the patient/client if they have ever used a needle to use drugs. If yes, ask when was the last time they used a needle. Record their response using the options listed above.

Do's

- If the patient/client only used needles **many years earlier,** record "12 or more months ago."

Don'ts

- **Do not record** any needle use that was administered by a healthcare professional in a clinical/medical setting.

Have you had any overdoses in your lifetime?

This is a required item in the enrollment assessment.

WHAT

This question inquires whether the patient/client has previously experienced an overdose and, if so, the number of overdoses they have had in their lifetime and in the past year.

In the enrollment assessments for Compulsive Gambling Programs and Family Residential and Family Supportive Housing—Children, this item is omitted.

WHY

Drug overdoses continue to be on the rise. For every drug overdose death, there are many nonfatal overdoses.

RESPONSE OPTIONS

Yes; No

HOW

Ask the patient/client if they have ever overdosed. An overdose is when a toxic amount of a drug or combination of drugs overwhelms the body so that the individual is unable to breathe or unable to breathe enough. If the patient/client answers yes, please ask questions a and b below.

a. **How many overdoses have you had in your lifetime?**

Response Options: Open text field (1-99)

b. **How many overdoses have you had in the past year?**

Response Options: Open text field (0-99)