

BSAS Enrollment Assessment Manual

for the Hospital-Based Substance Use Disorder Initiative



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Introduction

This document is a resource for hospital-based addiction consult teams and/or bridge clinics that are either co-located with or located close to an emergency department (ED) and are engaged in the Massachusetts Bureau of Substance Addiction Services (BSAS) hospital-based Substance Use Disorder (SUD) initiative. Hospitals participating in this initiative are working to increase access to substance use disorder services and continuity of care in the community for patients who are inpatient or at the ED with a substance use disorder-related concern.

Overview

As a part of this initiative, participating hospitals are responsible for collecting intake, enrollment, and disenrollment information for every patient enrolled or seen by the bridge clinic and/or addiction consult team affiliated with a participating hospital. Patient enrollment and disenrollment data are collected using the Executive Office of Health and Human Services' business application called Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based portal called the Virtual Gateway.

Enrollment assessment data are gathered when a patient is first seen at the bridge clinic or by an addiction consult team. Providers are encouraged to gather enrollment assessment data as close as possible to when the patient is first seen. Disenrollment assessment data are gathered when a patient leaves the bridge clinic or ends consultation with the addiction consult team.

Basic patient information, including demographics, referral source, substance use 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 and information about patients' substance use and treatment history. The enrollment assessment is not a clinical assessment. It must be completed when a patient is first seen by staff at a bridge clinic or by an addiction consult team. The enrollment may be for a new service or a readmission for the same service following discharge from the previous admission.

This manual is a guide for gathering patient data for the enrollment assessment. It also offers recommendations for documenting patients' responses.


Why Collect Enrollment Assessment Data?

Data collected through the enrollment assessment will be aggregated and presented to the Massachusetts Opioid Recovery and Remediation Fund (ORFF) Advisory Council, the funding entity for this initiative, and will be used to assess the impact of the hospital SUD initiative on improving access and linkages to care. The data will also be used by BSAS for contract management.

Gathering Enrollment Assessment Data

The intake form and enrollment and disenrollment assessments must be completed by providers in bridge clinics and addiction consult teams with patient input.

Many items in the enrollment assessment do not appear in a question format. 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.

Protecting Confidentiality

Collecting some identifying information about patients enables BSAS to:

- Monitor patient service utilization patterns
- More accurately estimate patient 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 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' substance use records. This includes federal regulations governing the confidentiality of alcohol and substance abuse treatment patient records (i.e., Code of Federal Regulations, Chapter 42, Part II) and state laws and regulations protecting personally identifiable information.

Every patient seen in the bridge clinic or by an addiction consult team should complete [this Release of Client/Confidential Information form](#). Participating hospitals do not need to submit the completed forms to BSAS; instead, they may be kept with the hospital's patient records.

Items in the Enrollment Assessment

This section of the manual describes the items that appear in the enrollment assessment. 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.

You may reach out to the EIM/ESM Management Office (EEMO) at DPH-DL-EEMO@MassMail.State.MA.US with questions about items in the enrollment assessment.

Enrollment Date

This is a required item in the enrollment assessment.



WHAT

This item inquires about the date the patient was first seen at the bridge clinic or by the addiction consult team as part of this initiative.



WHY

Patients' enrollment dates are used to track treatment and wraparound services.



RESPONSE OPTIONS

MM/DD/YYYY



HOW

Enter the date the patient was first seen at the bridge clinic or by the addiction consult team.

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 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 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 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, including the enrollment and disenrollment assessments.



WHY

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



RESPONSE OPTIONS

Open text field (The ESM client ID is generated by the EIM-ESM system.)



HOW

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

Do's

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

Don'ts

- If you are completing a paper version of the enrollment assessment, **do not fill in** the ESM client ID field in the paper version of the assessment. 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 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 first name, middle initial, last name, and suffix (if applicable).



WHY

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



RESPONSE OPTIONS

Open text field



HOW

Ask the patient 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 first name first**, then the middle initial, then the last name.
- Try to obtain the patient'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 full name.



WHY

The client code is used to uniquely identify patients. It can be used to link records across years to monitor treatment utilization and trends.



RESPONSE OPTIONS

Open text field



HOW

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

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

Do's

- If a patient'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 owns or rents a house, apartment, or room.



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; Refused; Unknown/Question not asked

(If the answer to this question is Yes, skip to Zip code of last permanent address.)



HOW

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

Do's

- Record **"Refused"** if the patient chooses not to provide a response to this question. Record **"Unknown/Question not asked"** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Are you chronically homeless?



WHAT

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



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 last permanent address prior to the treatment period.



WHY

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



RESPONSE OPTIONS

Open text field



HOW

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

Do's

- This question asks about the patient's **last permanent address**. For example, if a patient is homeless when first seen at the bridge clinic or by the addiction consult team, but their last permanent address was a family residence, record the zip code of the residence.
- If a patient 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 intake form or use the street address and city/town to find the zip code online.**

Don'ts

- If a patient 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 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 stayed the night before being seen at the bridge clinic or by the addiction consult team.



WHY

People experiencing housing instability or homelessness have higher rates of substance use disorders than those who are stably housed. Information about patients' housing status helps in planning housing policies and programs.



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 use disorder 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. Outside place not meant for habitation
15. Other
88. Refused
99. Unknown/Question not asked



HOW

Ask the patient 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."
- Record "**Refused**" if the patient chooses not to provide a response to this question. Record "**Unknown/Question not asked**" if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

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 self-identifies as transgender.



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



HOW

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

Do's

- Information on gender identity should be collected **each time** a patient 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 gender identity.
- As needed, you may enter a new record for this data element for a patient. **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 describes their sexual orientation.



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



HOW

This information should be provided by the patient.

Do's

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

Don'ts

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

Additional Client Type

This is a required item in the enrollment assessment.



WHAT

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



WHY

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



RESPONSE OPTIONS Answer Yes, No, R—Refused, or U—Unknown/Question not asked

- a. **Student:** Patients enrolled in any type of formal or vocational education
- b. **Pregnant:** Patients who are currently pregnant
- c. **Postpartum:** Patients who gave birth within one year prior to enrollment
- d. **Veteran/Any military service:** Patients 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 who are incarcerated and receiving substance addiction treatment while they are in a correctional facility
- f. **Probation:** Patients 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 probation.)
- g. **Parole:** Patients who are under the supervision of the Massachusetts Parole Board
- h. **Federal Probation:** Patients who are on probation under the supervision of the federal government
- i. **Federal Parole:** Patients who are on parole under the supervision of the federal government



HOW

Ask the patient about each client type (a-i) listed above. For each client type listed, record Yes, No, Refused, or Unknown/Question not asked.

Do’s

- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Do you have children?

This is a required item in the enrollment assessment.



WHAT

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



WHY

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



RESPONSE OPTIONS

Yes; No; Refused; Unknown/Question not asked

(If yes, complete a–c below. If no, skip to next item—Employment status at enrollment)

If the patient 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



HOW

Ask all patients this question, regardless of their gender. If yes, complete a-c. If No, skip to “Employment status at enrollment.” 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 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 is legally responsible, and **deceased children.**
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Don'ts

- **Do not include:**
 - Children for whom the patient 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).
 - Children whom the patient babysits or children the patient takes care of on a temporary basis (e.g., a neighbor's children).
 - Foster children

Employment status at enrollment

This is a required item in the enrollment assessment.



WHAT

Employment includes work performed when the patient 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 works in a restaurant and is paid under the table, record that as employment.

Some patients 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.



WHY

Employment is a contributing factor to patients' overall health and well-being. Patients' 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
88. Refused
99. Unknown



HOW

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

- **Working Full Time:** If a patient 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 works between one and 34 hours a week, record “Working Part Time.”
- **Unemployed—Looking:** If a patient says they are unemployed, ask if they are currently looking for employment. Record “Unemployed—Looking” if the patient has looked for work during the past 30 days or is on layoff from a job.
- **Unemployed—Not Looking:** If a patient 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 is physically and/or developmentally disabled, record “Disabled.”
- **Not in Labor Force—Homemaker**
- **Not in Labor Force—Student:** If a patient is a student and is not employed, record “Not in Labor Force—Student.”
- **Not in Labor Force—Incarcerated:** If a patient 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 who are **students and are employed**, record either “Working Full Time” or “Working Part Time.”
- Record patients who are **self-employed** as employed.
- Record patients 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 falls in **multiple employment categories** (e.g., is retired, disabled, and does volunteer work), record “Other.”
- Regardless of a patient’s **citizenship, residency, work permit, or employment-related visa status**, if they are working, record either “Working Full Time” or “Working Part Time.”
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Don'ts

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

Where do you usually live?

This is a required item in the enrollment assessment.



WHAT

This question inquires where the patient 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
99. Unknown/Question not asked



HOW

Select only one response. If the patient 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 was **incarcerated** for most of the previous 12 months, select "Institution."
- If the patient was in a **residential treatment program** for most of the previous 12 months, select "Group home/treatment."
- If the patient 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 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 reports “living the longest” in two or more locations for an equal amount of time, **record** where they lived most recently.
- Record “**Refused**” if the patient chooses not to provide a response to this question. Record “**Unknown/Question not asked**” if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Who do you live with?

This is a required item in the enrollment assessment.



WHAT

The question inquires with whom the patient was living when they were first seen at the bridge clinic or by the addiction consult team.



WHY

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



RESPONSE OPTIONS

(Check all that apply)

Alone: The patient 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.

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

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

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.

Refused

Unknown/Question not asked



HOW

Ask the patient with whom they lived before being seen at the bridge clinic or by the addiction consult team. Check all that apply.

Do's

- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Don'ts

- If you record that the patient 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 use of a mobility aid such as a walker, crutches, or a wheelchair.



WHY

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



RESPONSE OPTIONS

(Check all that apply)

None; crutches; walker; manual wheelchair; electric wheelchair; refused; unknown/question not asked.



HOW

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

Do's

- For patients who use a **cane**, record “Crutches.”
- Ask every patient** this question. Do not assume that you know the answer based on your observation of the patient.
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Vision Impairment

This is a required item in the enrollment assessment.



WHAT

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



WHY

To meet patient needs, it is important for providers to be aware of any disabilities the patient 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)
88. Refused
99. Unknown/Question not asked



HOW

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

Do's

- **Ask every patient** this question. Do not assume that you know the response to this item based on your observation of the patient.
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Hearing Impairment

This is a required item in the enrollment assessment.



WHAT

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



WHY

To meet patient needs, it is important for providers to be aware of any disabilities the patient 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)
88. Refused
99. Unknown/Question not asked



HOW

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

Do's

- **Ask every patient** this question. Do not assume that you know the response to this item based on your observation of the patient.
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

SelfCare/ADL Impairment

This is a required item in the enrollment assessment.



WHAT

This item inquires whether the patient 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.



WHY

To meet patient needs, it is important for providers to be aware of any disabilities the patient 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)
88. Refused
99. Unknown/Question not asked



HOW

Ask the patient 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 experiences.

Do's

- If the patient experiences challenges with self-care/ADL, **probe for more information.** For example, if the patient 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** this question. Do not assume that you know the response to this item based on your observation of the patient.
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Developmental Disability

This is a required item in the enrollment assessment.



WHAT

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



WHY

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



RESPONSE OPTIONS

0. None
1. Slight developmental disability
2. Moderate developmental disability
3. Severe developmental disability
88. Refused
99. Unknown/Question not asked



HOW

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

Don'ts

- **Do not assume** that you know the response to this item based on your observation of the patient.
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Prior Mental Health Treatment

This is a required item in the enrollment assessment.



WHAT

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



WHY

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



RESPONSE OPTIONS

0. No history
1. Counseling
2. One hospitalization
3. More than one hospitalization
88. Refused
99. Unknown/Question not asked



HOW

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

Do's

- If the patient has received more than one type of mental health treatment, **code the highest number**. For example, if the patient has received both counseling (coded as 1) and one hospitalization (coded as 2), record 2.
- Record **"Refused"** if the patient chooses not to provide a response to this question. Record **"Unknown/Question not asked"** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Don'ts

- For the purpose of this question, **do not record** as prior mental health treatment any treatment the patient 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 health condition?

This is a required item in the enrollment assessment.



WHAT

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



WHY

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



RESPONSE OPTIONS

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



HOW

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

Number of prior admissions to each substance use disorder treatment modality

This is a required item in the enrollment assessment.



WHAT

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



WHY

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



RESPONSE OPTIONS

Detox; Residential; Outpatient; Medication for Opioid Use Disorder (methadone or buprenorphine); Massachusetts Impaired Driving/Operating Under the Influence; Section 35; Other. For each treatment modality, enter: 0-5; 5 (for 5 or more admissions); or 99=Unknown



HOW

Ask the patient if they have ever previously been admitted to a substance use disorder treatment program. If yes, list each of the treatment options (i.e., Detox, Residential, Outpatient, Medication for Opioid Use Disorder (methadone or buprenorphine), Massachusetts Impaired Driving/Operating Under the Influence, Section 35, and Other) and record the number of admissions the patient has had for each.

Do's

- An **admission for Medication for Opioid Use Disorder (MOUD)** is when a patient begins receiving MOUD.
- An **outpatient admission** is for services that are not residential or bed-based.
- If a patient received **MOUD and counseling simultaneously in an outpatient setting**, record that admission as MOUD, not outpatient.

Don'ts

- **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 mental health treatment history.

Are you currently receiving Medication for Addiction Treatment?

This is a required item in the enrollment assessment.



WHAT

This item inquires whether the patient is currently receiving medication for addiction treatment (MAT).



WHY

When a patient enrolls in addiction treatment, it is important to know if they are receiving MAT at the time of enrollment. Knowing whether a patient 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 if they are currently receiving any form of Medication for Addiction Treatment.

Do's

- **Ask patients** about each of these MAT options: Methadone, Suboxone, and Vivitrol.

Don'ts

- **Do not record** MAT that a patient received in the past.

- a. **Are you receiving methadone treatment?** (This question is inquiring **only** about medication for addiction **outpatient** treatment received in the community.) (If Yes, skip to the next item—Number of arrests in the past 30 days.)



RESPONSE OPTIONS: Yes; No

- b. **Are you receiving buprenorphine or naltrexone (injectable or oral) treatment?**



RESPONSE OPTIONS: Buprenorphine (Suboxone, Sublocade, Brixadi); Extended release injectable naltrexone (Vivitrol) or oral naltrexone.

- c. **Is your buprenorphine or naltrexone prescription for alcohol use disorder, opioid use disorder, or both?**



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

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 was arrested for any cause in the previous 30 days. It is not focused on the number of charges associated with arrests.



WHY

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



RESPONSE OPTIONS

Enter 0-30; 88=Refused; 99=Unknown/Question not asked
(Note that Section 35 is not an arrest; it is a civil commitment.)



HOW

Ask the patient 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, **detention** counts as an arrest.
- Use **neutral, non-judgmental words** to avoid stigmatizing patients who have been arrested.
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Don'ts

- **Do not record** incidents when a patient 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 history of substance use. The first question about each substance is whether the patient has ever used the substance. This refers to **any use of the substance by the patient during their lifetime**. If the patient has used the substance, the provider then asks the patient 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.



WHY

The information gathered about patients' 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 reports using. Some patients 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 Opioids (Misuse/non-medical use of pharmaceutical opioids which were prescribed for the client)
- G. Non-Prescribed Opioids (Non-medical use of pharmaceutical opioids 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, electronic nicotine devices)
- 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 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.*

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

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
88. Refused
99. Unknown/Question not asked

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
88. Refused
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
88. Refused
99. Unknown/Question not asked



HOW

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

Do's

- Record **any use of each substance** over the patient's lifetime.
- Ask patients about **every substance listed** in the table.
- If a patient has used a substance just **once or twice, record this use** in the table.
- For **alcohol**, record the patient's age at their **first instance of intoxication**, rather than how old they were when they first used alcohol.
- If a patient reports **multiple routes of administration** for a given substance, record the route of administration that the patient uses most frequently.
- If a patient 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 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 who have used heroin for a while often don’t know when fentanyl first began to be mixed with it, when a patient 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 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 tells you.**
- Record **“Refused”** if the patient chooses not to provide a response to this question. Record **“Unknown/Question not asked”** if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Don’ts

- **Do not record just** substance use that **seems problematic** to you or that the patient says they **engage in regularly.**
- **Do not record** just the patient’s **current or recent use** of the substances in the table. Record **all lifetime use.**
- **Do not ask** patients 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 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 (e.g., pharmaceutical opiates, benzodiazepines, marijuana) that they use or have used **for medicinal purposes at the prescribed dosage.**

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 primary, secondary, and tertiary drug of choice. A primary drug of choice is the substance that the patient presented with at the bridge clinic or to the addiction consult team.



WHY

This item helps to clarify the substances that each patient 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 primary substance.

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



HOW

For each patient, enter the patient'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 substance that the patient presented with at the bridge clinic or to the addiction consult team.
- Clinicians may rank substances **based on their clinical opinion** after reviewing the patient's substance use history, not solely based on the patient's report.
- If the patient 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.

Injection Use?

This is a required item in the enrollment assessment.



WHAT

This question inquires whether the patient has injected drugs and if yes, how recent their last injection of drugs was.



WHY

Individuals who inject drugs have a higher risk of death than individuals who use drugs but do not 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
88. Refused
99. Unknown/Question not asked



HOW

Ask the patient if they have ever injected drugs. If yes, ask when was the last time they injected drugs. Record their response using the options listed above.

Do's

- If the patient only injected drugs **many years earlier**, record “12 or more months ago.”
- Record “**Refused**” if the patient chooses not to provide a response to this question. Record “**Unknown/Question not asked**” if the patient does not know the answer to the question or if you did not ask the patient the question (e.g., because you deemed it inappropriate or potentially triggering to ask the patient the question).

Don'ts

- **Do not record** any injection drug 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 has previously experienced an overdose and, if so, the number of overdoses they have had in their lifetime and in the past year.



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 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 answers yes, please ask questions a and b below.

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



Response Options: Enter 0-87 for the number of overdoses. Enter 88 for Refused. Enter 99 for Unknown/Question not asked.

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



Response Options: Enter 0-87 for the number of overdoses. Enter 88 for Refused. Enter 99 for Unknown/Question not asked.