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| **Disenrollment Assessment**  ***Opioid Treatment*** | | | | | | | | | | | **ESM Client ID:** | | | | | | | | |
| **Provider ID:** | | | | | | | | |
| ***All Questions marked with a *** ***must be completed Boxes marked with*** ** ***= Refer to key at end of form*** | | | | | | | | | | | | | | | | | | | |
|  **Disenrollment Date: / /**  MM *DD YYYY* | | | | | | | | | | | | | | | | | | | |
|  **Disenrollment Reason:** Select one | | | | | | | | | | | | | | | | | | | |
|  Assessment | |  |  |  Completed |  |  Hospitalized, Medical | | | |  |  Incarcerated | | |  |  Relapsed | | |  |  |
|  Against Counselor Advice -ACA | | |  |  Drop Out |  |  Hospitalized, Mental Health | | | |  |  Moved | |  |  |  |  |  |  |  |
|  Administrative/non-compliant | | |  |  Deceased |  |  Inappropriate | | | |  |  Transferred to another SA Program | | | | |  |  |  |  |
|  | **First Name:** |  |  | **Middle Initial:** | | **Last Name:** | | |  |  |  |  |  |  | **Suffix:** |  |  |  |  |
|  | **1. Client Code:** |  |  |  |  |  |  |  |  **2. Intake/Clinician Initials:** | | | | | | | | | | |
|  | **3. Discharge Plan** 01 Yes 02 No | | | |  |  |  |  |  **4a. Referred to Self Help** 01 Yes 02 No | | | | | | | | | | |
|   | | | | | | | | | | | | | | | | | | | |
|  | **4b. Frequency of attendance at self-help programs in the last 30 days or since admission if in treatment less than 30 days.** *(e.g. AA, NA)* | | | | | | | | | | | | | | |  |  |  | |
|  | **5. Client referrals at disenrollment** | | | *(referral #1 is required, referral #2 & 3 are optional) See manual for what determines a referral.* | | | | | | | | | | | | |  |  |  |
|  | **Referral #1** |  |  | **Referral #2** |  |  | |  | **Referral #3** | | |  |  | ** |  |  |  |  |  |
|  | **6. Employment status at Disenrollment:**  *If Unknown, use 99* | | | | ** |  **7. Number of days worked in the past 30 days or since**  **enrollment if in treatment less than thirty 30 days** *If Unknown use 99* | | | | | | | | | | | | | |
|  | **8. Are you currently pregnant or have you been pregnant in the past 9 months or since enrollment if in treatment less than 9 months?** *(Answer yes if either of these is true)* | | | | | | | | | | |  |  |  Yes  No | |  |  |  |  |
|  | **9. Number of arrests in the last 30 days or since Enrollment if in treatment less than 30 days.** *If Unknown, use 99* | | | | | | | | | | | | |  |  |  |  |  |  |
|  | **10. Indicate the Social or Health Service provided to clients during treatment – While in your Program.** *(enter a code 0,1,2 or 3 for each category)* | | | | | | | | | | | | | | | |  |  |  |
| *0 = Not Provided 1= Provided by Your Agency 2 = Provided by Another Agency 3 = Provided by Both Your Agency and Another Agency* | | | | | | | | | | | | | | | | | | | |
| **Legal Aid Services**  *(e.g. Assistance with Court Issues)* | |  |  | **Medication for Emotional Problem (**i.e. *Psychotropic Medication )* | | |  |  | **Literacy Services** | | |  |  | **Medication for Withdrawal**  *Not comfort meds (e.gTylenol)* | | | | |  |
| **Drug Screening** *(e.g. urine testing)* | |  | **Housing**  *Perm/trans Housing not Tx* | | |  | **English as a 2nd Language** | | |  | **TB Testing**  *Not screening or assessment (e.g a mantoux test is TB testing)* | | | | |  |
| **Treatment for Medical Problems** | |  | **GED** | | |  | **Job Placement/Referral**  *(e.g. Resume writing)* | | |  | **TB Treatment**  *Medication* | | | | |  |
| **Treatment for Emotional**  **Problems**  *Mental Health not Addiction Issues* | |  | **Vocational Training**  *(e.g. Nurses’ aid certification)* | | |  | **Financial Counseling**  *(e.g. Balance a checkbook)* | | |  | **STD/STI, HIV, Hep C Testing**  *Not screening or assessment* | | | | |  |
| **Nicotine Replacement Therapy**  *(e.g. Patch, Gum)* | |  | **Family Planning**  *(e.g. Birth Control Education)* | | |  | **Prenatal Care** | | |  | **STD/STI, HIV, Hep C Treatment**  *Medication* | | | | |  |
| **Medication for Medical Problems** | |  | **Child Care** | | |  | **Post-partum Care**  *Immediately after birth to 1 yr* | | |  | **Parenting Classes** | | | | |  |
|  | **11. Currently receiving services from a state agency:** *Check all that apply.* | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  **None** | |  |  **MPB**: Parole | |  |  **DDS**: Dept Developmental Srvs | | | |  **DMA**: MassHealth | | | |  |  **MCDHH:** Comm Deaf  & Hard of Hearing | | | |  |
|  **DCF**: Dept Children and Families | |  |  **OCP**: Probation | |  |  **DPH**: e.g. HIV, WIC not BSAS | | | |  **MRC**: Mass Rehab | | | |  |  **Other** |  |  |  |  |
|  **DYS**: Dept Youth Services | |  |  **DMH**: Dept Mental Hlth | |  |  **DTA**: food stamps, TANF | | | |  **MCB**: Comm for the Blind | | | | |  |  |  |  |  |
|  **12. Living arrangement at Disenrollment:** *(Check one)* | | | | | | | | | | | | | | | | | | | |
|  House or apartment | |  |  Institution | |  |  Shelter/mission | | |  |  |  Foster Care | | |  |  Unknown | |  |  |  |
|  Room/boarding or sober house | | |  Group home/Treatment | | |  On the streets | | |  |  |  Refused | | |  |  | |  |  |  |



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|  | **H1. Was the client homeless at Intake/Enrollment (whether or not chronic)?** | | | | | |  Yes  No *If Yes, QH2-QH3 are required. If ‘No’, skip to Q13* | | | | | |
|  | **H2. Detailed living arrangement at Disenrollment** | | | |  |  |  |  |  |  |  |  |
|  | **H3. Permanence of living situation at Disenrollment\*** | | | |  Permanent | |  Transitional | | |  Refused | |  Unknown |
|  **13. Has there been *any* drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?**  *If answer to Q13 Is ’No’, skip to Q 17a* | | | | | | | | | | |  Yes  No | |
| **If Yes to Q13, please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance.** *Enter the corresponding letters A-U+Z. (Neither nicotine/tobacco nor gambling are excluded)***.** *If “Yes”, Q14a-c, Q15 & Q16 are required* | | | | | | | | | | | | |
| Report the **Frequency of Use** in the last 30 days or since Enrollment if in treatment less than 30 days**.** *For these fields, enter corresponding code from list on next page.* | | | | | | | | | | | | |
|  | **14a. Primary Substance** | | **14b. Frequency of Use** | | |  |  | **14c. Route of Administration** | | | |  |
| **15. Did the client use a Secondary Drug during the last 30 days/since Enrollment?** Yes No | | | | | | | | | | | | |
|  | **15a. Secondary Substance** | | **15b. Frequency of Use** | | |  |  | **15c. Route of Administration** | | | |  |
| **16. Did the client use a Tertiary Drug during the last 30 days/since Enrollment?** Yes No | | | | | | | | | | | | |
|  | **16a. Tertiary Substance** | | **16b. Frequency of Use** | | |  |  | **16c. Route of Administration** | | | |  |
|  | **17a. Did the client use Nicotine/Tobacco since Enrollment** Yes No Refused Unknown  *If the answer is Yes to Q17a. answer Q17b – 17d.* | | | | | | | | |  |  |  |
|  | **17b. Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes):**  *If the client uses another type of nicotine/tobacco product, mark Zero (0)* | | | | | | | | | | |  |
|  | **17c. Interest in stopping nicotine/tobacco use at Disenrollment:** | | | | |  |  |  |  |  |  |  |
|  | 1No | 2Yes, Within 6 Months | 3Yes, Within 30 days | | | 4Does Not Apply (already stopped) | | | | 88Refused | | 99Unknown |
|  | **17d. While in this program, did the client attempt to stop using nicotine/tobacco?** 01Yes 02No 88Refused 99Unknown | | | | | | | | | | | |
| **MTQAS/OPIOID QUESTIONS** | | | | | | | | | | | | |
|  | **1. Does/Did client have a current prescription opiate(s) upon leaving the program?** 1Yes 2No | | | | | | | | | | |  |
|  | **2. Does/Did the client have a current prescription for Benzodiazepine(s) upon leaving the program?** 1Yes 2No | | | | | | | | | | |  |
|  | **3. Urinalysis Results Received Over the Past 3 Months. EXCLUDE the client's initial urine screen** | | | | | | | |  |  |  |  |
| **Drug** | | | | **# of Urine Screens for Drug** | | | | | **# of Testing Positive for Drug** | | | |
| **Cocaine** | | | |  | | | | |  | | | |
| **Opiates** | | | |  | | | | |  | | | |
| **Methadone** | | | |  | | | | |  | | | |
| **Benzodiazepines** | | | |  | | | | |  | | | |
| **Other Drugs** | | | |  | | | | |  | | | |
|  | **4. Which medication-assisted treatment is the client currently receiving?** Methadone Buprenorphine  Naltrexone  Other  **If Other, specify** | | | | | | | | | | | |
|  | *If client is currently using Naltrexone or Other , skip Q4a. go to Q5* | | | | |  |  |  |  |  |  |  |
|  | **4a. Client's last dose before Disenrollment (mg)\*:** | | |  |  |  |  |  |  |  |  |  |
|  | **5. In what phase of treatment was the client?** | |  |  |  |  |  |  |  |  |  |  |
|  | 1Assessment | 2Active treatment |  | 3Stabilization treatment | | | 4Medically supervised withdrawal | | | | 5Medical maintenance | |

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| * **Route of Administration** | |
| 1 | Oral (swallow and/or chewing) |
| 2 | Smoking |
| 3 | Inhalation |
| 4 | Injection |
| 5 | Other |
| **6** | **Electronic Devices/Vaping** |

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|  | * **Q 4b Frequency of Attendance at Self-Help Programs** | | | | | | | | | | | | |
| **Code** |  | | | | | | | | | **Code** | |  | |
| 01 | No attendance in the past month | | | | | | | | | 05 | | 16-30 times in past month (4 or more times per wk | |
| 02 | 1-3 times in past month (less than once per week) | | | | | | | | | 06 | | Some attendance, but frequency unknown | |
| 03 | 4-7 times in past month (about once per week) | | | | | | | | | 99 | | Unknown | |
| 04 | 8-15 times in past month (2 or 3 times per week) | | | | | | | | |  | |  | |
| * **Q 5. Referral at Disenrollment** | | | | | | | | | | | | | |
| **Code** |  | | | | **Code** |  | | | | | **Code** | |  |
| 00 | Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment | | | | 20 | Health Care Professional, Hospital | | | | |  | | *67 Discontinued* |
| 95 | Referral Not Needed – Appropriate **Mental Health**  Clinical Services Already in Place | | | | 21 | Emergency Room | | | | | 68 | | Office of the Commissioner of Probation |
| 96 | Referral Not Needed – Appropriate **Substance Abuse**  Clinical Services Already in Place | | | | 22 | HIV/AIDS Program | | | | |  | |  |
| 97 | Referral Not made – Client Dropped Out | | | | 23 | Needle Exchange Program | | | | | 69 | | Massachusetts Parole Board |
| 98 | Referral Attempted – Not Wanted by Client | | | |  | *24 through 25 Discontinued* | | | | | 70 | | Dept. of Youth Services |
| 01 | Self, Family, Non-medical Professional | | | | 26 | Mental Health Care Professional | | | | | 71 | | Dept. of Children and Families |
| 02 | BMC Central Intake/Room 5 | | | |  | *27 through 29 Discontinued* | | | | | 72 | | Dept. of Mental Health |
| 03 | ATS/Detox | | | | 30 | School Personnel, School System/College | | | | | 73 | | Dept. of Developmental Services |
| 04 | Transitional Support Services/TSS | | | | 31 | Recovery High School | | | | | 74 | | Dept. of Public Health |
| 05 | Clinical Stabilization Services/CSS-CMID | | | |  | *32-39 Discontinued* | | | | | 75 | | Dept. of Transitional Assistance |
| 06 | Residential Treatment | | | | 40 | Supervisor/employee Counselor | | | | | 76 | | Dept. of Early Education and Care |
| 07 | Outpatient SA Counseling | | | |  | *41 through 49 Discontinued* | | | | | 77 | | Mass. Rehab. Commission |
| 08 | **Medication Assisted Treatment** | | | | 50 | Shelter | | | | | 78 | | Mass. Commission for the Blind |
| 09 | Drunk Driving Program | | | | 51 | Community or Religious Organization | | | | | 79 | | Mass. Comm. For Deaf & Hard of Hearing |
| 10 | Acupuncture | | | |  | *52 through 58 Discontinued* | | | | | 80 | | Other State Agency |
| 11 | Gambling Program | | | | 59 | Drug Court | | | | | 81 | | Division of Medical Assistance/MassHealth |
|  | *12 & 13 Discontinued* | | | |  | *60– 63 Discontinued* | | | | |  | |  |
| 14 | Sober House | | | | 64 | Prerelease, Legal Aid, Police | | | | | 99 | | Unknown |
|  | *15 Discontinued* | | | |  | *65-66 Discontinued* | | | | |  | |  |
| 16 | *New* Recovery Support Center | | | |  |  | | | | |  | |  |
| 17 | Second Offender Aftercare | | | |  |  | | | | |  | |  |
| 18 | Family Intervention Programs | | | |  |  | | | | |  | |  |
| 19 | Other Substance Abuse Treatment | | | |  |  | | | | |  | |  |
| * **Q.6 Employment Status at Disenrollment** | | | | | | | | | | | | | |
| Code | |  | Code |  | | | | | Code | | |  | |
| 1 | | Working Full Time | 6 | Not in Labor Force - Retired | | | | | 11 | | | Volunteer | |
| 2 | | Working Part time | 7 | Not in Labor Force - Disabled | | | | | 12 | | | Other | |
| 3 | | Unemployed - Looking | 8 | Not in Labor Force - Homemaker | | | | | 13 | | | Maternity/Family Leave | |
| 4 | | Unemployed-Not Looking | 9 | Not in Labor Force- Other | | | | |  | | |  | |
| 5 | | Not in Labor Force-Student | 10 | Not in Labor Force- Incarcerated | | | | | 99 | | | Unknown | |
| * **H2. Detailed Living Arrangement at Discharge** | | | | | | | | | | | | | |
| 1 | Emergency Shelter | | | | | | 10 | Rental room/house/apartment | | | | | |
| 2 | Transitional Housing for Homeless | | | | | | 11 | Apartment or House that you own. | | | | | |
| 3 | Permanent housing for formerly homeless | | | | | | 12 | Living With Family | | | | | |
| 4 | Psychiatric Hospital or Facility | | | | | | 13 | Living With Friends | | | | | |
| 5 | Substance abuse/detox center | | | | | | 14 | Hotel/Motel: no emergency shelter voucher | | | | | |
| 6 | Hospital | | | | | | 15 | Foster care/group home | | | | | |
| 7 | Jail; Prison or Juvenile Facility | | | | | | 16 | Place not meant for habitation | | | | | |
| 8 | Don't know | | | | | | 17 | Other | | | | | |
| 9 | Refused | | | | | |  |  | | | | | |

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| * **Questions 14a – 16c** | | | | | | |
| * **Primary/Secondary/Tertiary Substance Codes** | | | |  | * **Frequency of Use** | |
| A | Alcohol | K | Other Amphetamines | 1 | No use during last 30 days or since enrollment |
| B | Cocaine | L | Other Stimulants | 2 | 1-3 times during last 30 days or since enrollment |
| C | Crack | M | Benzodiazepines | 3 | 1-2 times per week during last 30 days or since enrollment |
| D | Marijuana / Hashish | N | Other Tranquilizers | 4 | 3-6 times per week during last 30 days or since enrollment |
| E | Heroin | O | Barbiturates | 5 | Daily use during the last 30 days or since enrollment |
| F | Prescribed Opiates | P | Other Sedatives / Hypnotics | 99 | Unknown |
| G | Non-prescribed Opiates | Q | Inhalants |  | | |
| H | PCP | R | Over the Counter |
| I | Other Hallucinogens | S | Club Drugs |
| J | Methamphetamine | U | Other |
|  |  | **V** | **Fentanyl** |
|  | | Z | K2/Spice or Other Synthetic Marijuana |