Bureau of Substance Addiction Services

Massachusetts Departm	ent of Public Health

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Disenrollment Assessment

	ρο	age i oi s
	►ESM Client ID:	
	Provider ID:	
(es marked with 🖈 = Refer to key at end o	of form
	Incarcerated	Relapsed
	Moved	
	Transferred to another SA Program	n

SM A MAL VA		. / 1000001110111		
	Opioid T	reatment	Provider ID:	
All Questions marked with a ▶ must be com	pleted		Boxes marked with ★	= Refer to key at end of form
Disenrollment Date:	Y			
► Disenrollment Reason: Select one				
☐ Assessment	Completed	Hospitalized, Medical	☐ Incarcerated	Relapsed
Against Counselor Advice -ACA	☐ Drop Out	☐ Hospitalized, Mental Hea	alth	
Administrative/non-compliant	Deceased	☐ Inappropriate	☐ Transferred to	o another SA Program
First Name:	Middle Initial:	Last Name:		Suffix:
1. Client Code:		▶ 2. In	take/Clinician Initials:	
➤ 3. Discharge Plan 01 Yes	02 No	► 4a. Re	eferred to Self Help 01	Yes 02 No
► 4b. Frequency of attendance at self-	help programs in the last 3	l.	•	
5. Client referrals at disenrollment		ired, referral #2 & 3 are option		for what determines a referral.
Referral #1	Referral #2		Referral #3	→*
6. Employment status at Disenrollm If Unknown, use	ient: 🔭	7. Number of days work enrollment if in treatr	ed in the past 30 days or nent less than thirty 30 d	
8. Are you currently pregnant or have if in treatment less than 9 months	ve you been pregnant in th		rollment	☐ Yes ☐ No
Number of arrests in the last 30 c	days or since Enrollment if	in treatment less than 30 da	ays. If Unknown, use 99	
► 10. Indicate the Social or Health Se	rvice provided to clients d	uring treatment – While in vo	our Program (enter a code	0.1.2 or 3, for each category)
0 = Not Provide				ed by Both Your Agency and Another Agency
Legal Aid Services (e.g. Assistance with Court Issues)	Medication for Emotional Prol (i.e. Psychotropic Medic		iteracy Services	Medication for Withdrawal Not comfort meds (e.gTylenol)
Drug Screening (e.g. urine testing)	Ho Perm/trans Housing	nusing not Tx English as	a 2 nd Language	TB Testing Not screening or assessment (e.g a mantoux test is TB testing)
Treatment for Medical Problems		(4FI)	acement/Referral esume writing)	TB Treatment Medication
Treatment for Emotional Problems Mental Health not Addiction Issues	Vocational Tra (e.g. Nurses' aid certific		ncial Counseling nce a checkbook)	STD/STI, HIV, Hep C Testing Not screening or assessment
Nicotine Replacement Therapy (e.g. Patch, Gum)	Family Pla (e.g. Birth Control Educ		Prenatal Care	STD/STI, HIV, Hep C Treatment Medication
Medication for Medical Problems	Child		Post-partum Care after birth to 1 yr	Parenting Classes
► 11. Currently receiving services from	a state agency: Check	all that apply.	L L	
	PB: Parole	DDS: Dept Developmental Srvs	DMA: MassHealth	MCDHH: Comm Deaf & Hard of Hearing
DCF: Dept Children and Families 00	CP: Probation	DPH : e.g. HIV, WIC not BSAS	MRC: Mass Rehab	
	MH: Dept Mental Hith	DTA: food stamps, TANF	MCB: Comm for the	
► 12. Living arrangement at Disenrollme	· · · · · · · · · · · · · · · · · · ·	D.A. 1000 stamps, IAM	MOD. COMMINION UN	, J., III.
	stitution	Shelter/mission	☐ Foster Care	Unknown
	roup home/Treatment	On the streets	Refused	L CHAHOWII

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	H1. Was the client homeless at Intake/Enrollment (whether or not chronic)?
	H2. Detailed living arrangement at Disenrollment
	H3. Permanence of living situation at Disenrollment*
>	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
	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?
	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?
	16a. Tertiary Substance 16b. Frequency of Use 16c. Route of Administration
>	17a. Did the client use Nicotine/Tobacco since Enrollment ☐ Yes ☐ No ☐ Refused ☐ Unknown ☐ 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?
	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

Opioid Disenrollment Version 20 2023

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ode					Frequen	.,		110-16-110-1	Code			
01	No attendance in the past month								05	16-	30 times in past month (4 or more times per w	
02	1-3 times in past month (less tha		()						06		me attendance, but frequency unknown	
03	4-7 times in past month (about or		·)						99		known	
04	8-15 times in past month (2 or 3	times per week)								0.11		
•	0 10 times in past mental (2 of 0				★ 05 Re	forral at	Disenrollment	· ·				
ode				Code	/ Q 3. IV	iciiai at	Discinonnient		Cod	e		
	Referral Not Needed – Assessme	nt Indicates that	Client							_		
00	Does Not Require Entering Forma		Ollonic	20	Health	Care Pro	fessional, Hospit	al			67 Discontinued	
	Referral Not Needed – Appropriat		1			04.0		<u></u>			0. 2.000mma0a	
95	Clinical Services Already in Place		-	21	Emerge	ency Roo	m		68	3	Office of the Commissioner of Probation	
	Referral Not Needed - Appropriat		buse		- 3	,						
96	Clinical Services Already in Place			22	HIV/AID	OS Progra	am					
97	Referral Not made - Client Dropp			23	Needle	Exchang	e Program		69)	Massachusetts Parole Board	
98	Referral Attempted – Not Wanted	by Client					iscontinued		70		Dept. of Youth Services	
01	Self, Family, Non-medical Profess			26			are Professional		71		Dept. of Children and Families	
02	BMC Central Intake/Room 5						iscontinued		72		Dept. of Mental Health	
03	ATS/Detox			30			el, School Syster	n/College	73	}	Dept. of Developmental Services	
04	Transitional Support Services/TSS	3		31		ery High S		<u> </u>	74		Dept. of Public Health	
05	Clinical Stabilization Services/CS					Discontinu			75		Dept. of Transitional Assistance	
06	Residential Treatment			40	Supervi	isor/empl	ovee Counselor		76		Dept. of Early Education and Care	
07	Outpatient SA Counseling				41 thro	ugh 49 D	iscontinued		77		Mass. Rehab. Commission	
08	Medication Assisted Treatment			50	Shelter				78	}	Mass. Commission for the Blind	
09	Drunk Driving Program			51	Commu	unity or R	eligious Organiza	ation	79)	Mass. Comm. For Deaf & Hard of Hearing	
10	Acupuncture				52 through 58 Discontinued 80)	Other State Agency				
11	Gambling Program			59				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 E	Discontinu	ied					
16	New Recovery Support Center											
17	Second Offender Aftercare											
18	Family Intervention Programs											
19	Other Substance Abuse Treatmer	nt										
				≭ Q.6	Employn	nent Stat	us at Disenrollr	nent				
Code		Code						Cod	de			
1	Working Full Time	6	Not in I	Labor Ford	ce - Retire	d		11		Vol	unteer	
2	Working Part time	7	Not in I	Labor Ford	ce - Disabl	ed		12	2	Oth	ner	
3	· J · · · ·					rce - Homemaker		13	3 N		Maternity/Family Leave	
4	Unemployed-Not Looking 9 Not in Labor Force- Othe											
5	Not in Labor Force-Student 10 Not in Labor Force-I					erated		99)	Unl	known	
	2000. 1 0100 01000111	.0					ngement at Dis		-	J.11	···· ·	
1	Emergency Shelter			→ ⊓2. D	etalieu Li\	ving Arra			mont			
2	Transitional Housing for Homeles	•			10 Rental room/house/apartment 11 Apartment or House that you own.							
					12 Living With Family							
3	Permanent housing for formerly h Psychiatric Hospital or Facility	0111000				13		iving With Friends				
5	Substance abuse/detox center					14			emergency shelter voucher			
6	Hospital Jail; Prison or Juvenile Facility					15	Foster care/gr		cy sileite	ı vou	OIIO	
7						16	Place not mea		tation			
8	Don't know					17	Other	int ioi Habi	www			
J	Refused					- ''	Other					
9	Refused											

			≭ Quest
	★ Primary/Second	ndary/T	ertiary Substance Codes
Α	Alcohol	K	Other Amphetamines
В	Cocaine	L	Other Stimulants
С	Crack	M	Benzodiazepines
D	Marijuana / Hashish	N	Other Tranquilizers
Е	Heroin	0	Barbiturates
F	Prescribed Opiates	Р	Other Sedatives / Hypnotics
G	Non-prescribed Opiates	Q	Inhalants
Н	PCP	R	Over the Counter
- 1	Other Hallucinogens	S	Club Drugs
J	Methamphetamine	U	Other
		٧	Fentanyl
		Z	K2/Spice or Other Synthetic Marijuana

S 1	14a – 16C							
	★ Frequency of Use							
	1	No use during last 30 days or since enrollment						
	2	1-3 times during last 30 days or since enrollment						
	3 1-2 times per week during last 30 days or since enrollment							
	4	3-6 times per week during last 30 days or since enrollment						
	5	Daily use during the last 30 days or since enrollment						
	99	Unknown						

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