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| **Disenrollment Assessment Section 35** | | | | | | **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 | | | | | | | | |
|  |  Completed |  |  Administrative/non-compliance | | |  |  Hospitalized, mental health/Section12 | |
|  |  Elopement |  |  Hospitalized, medical | |  |  |  Deceased |  |
|  | **First Name:** | **Middle Initial:** | | **Last Name:** |  |  | **Suffix:** |  |
|  | **1. Client Code:** |  |  |  |  **2. Intake/Clinician Initials:** | | | |
|  | **3. Was client’s treatment mandated under Section 35** Yes  | | | |  **4. Discharge Plan** Yes No | | | |
|  | **5. Referred to Self Help** Yes No | | |  |  |  |  |  |
|  | **6. Frequency of attendance at self-help programs in the last 30 days or since Enrollment if in treatment less than 30 days.** *(e.g. AA)* | | | | | | |  |
|  | **7. Client Referrals at Disenrollment** | | *(Referral #1 is required, Referral #s 2 & 3 are optional) See Manual for what determines a referral.* | | | | | |
|  | **Referral #1** |  | **Referral #2** |  | **Referral #3** | |  |  |
|  | **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.** | | | | | |  |  |

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|  | **10. Were you receiving Medication Assisted Treatment BEFORE enrollment into this program?**  *If Yes, answer Q10a -Q10d. If no, skip to Q11* |  Yes |  No |
|  | **10a. Did you continue to receive Medication Assisted Treatment while in this program?** |  Yes |  No |
|  | **10b. Were you receiving Methadone Treatment** *If Yes skip to Q12 , If No answer 10c--10d* |  Yes |  No |
|  | **10c. Were you receiving a prescription for Suboxone or Vivitrol?** *Select Below*   Buprenorphine (Suboxone)  Extended release injectable naltrexone (Vivitrol) |  | |
| **10d. Was your Suboxone or Vivitrol prescription for alcohol use disorder, opioid use disorder, or both?**   Alcohol Use Disorder  Opioid Use Disorder  Both | | | |
|  | *Q11 – Q11c are not required if answered Yes to Q10* |  | |
|  | **11. Did you START Medication Assisted Treatments while in this program?** *If No, skip to Q112* |  Yes |  No |
|  | **11a. Did you receive Methadone Treatment** *if Yes, skip to Q11, if No answer to 10b-10c* |  Yes |  No |
|  | **11b. Did you receive a prescription for Suboxone or Vivitrol?** *Select Below*   Buprenorphine (Suboxone)  Extended release injectable naltrexone (Vivitrol) |  | |

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| **11c. Is your Suboxone or Vivitrol prescription for alcohol use disorder, opioid use disorder, or both?**   Alcohol Use Disorder  Opioid Use Disorder  Both | | | | | | | | | | | | | | | | | |  |
|  **12. Indicate the Social or Health Service provided to clients during treatment – While in your Program.** *See* ***Manual*** *for definition of services* | | | | | | | | | | | | | | | | | | |
| *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** | |  |  | **Medication for Emotional Problem** | |  |  | **Literacy Services** | | |  |  | **Medication for Withdrawal** | | | |  | |
| **Drug Screening** | |  | **Housing** | |  | **English as a 2nd Language** | | |  | **TB Testing** | | | |  | |
| **Treatment for Medical Problems** | |  | **GED** | |  | **Job Placement/Referral** | | |  | **TB Treatment** | | | |  | |
| **Treatment for Emotional Problems** | |  | **Vocational Training** | |  | **Financial Counseling** | | |  | **STD/STI, HIV, Hep C Testing** | | | |  | |
| **Nicotine Replacement Therapy** | |  | **Family Planning** | |  | **Prenatal Care** | | |  | **STD/STI, HIV, Hep C Treatment** | | | |  | |
| **Medication for Medical Problems** | |  | **Child Care** | |  | **Post-partum Care** | | |  | **Parenting Classes** | | | |  | |
|  | **13. Currently receiving services from a state agency:** *Check all that apply.* | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  **None** | |  |  **DMH**: Dept Mental Health | |  |  **DTA**: food stamps, TANF | | | |  **MCB**: Commission for the Blind | | | | | |  |  |  |
|  **DCF**: Dept Children and Families | |  |  **DDS**: Dept Developmental Services | | |  **DMA**: Mass Health | | | |  **MCDHH:** Comm for the Deaf & Hard of Hearing | | | | | | | |  |
|  **DYS**: Dept Youth Services | |  |  **DPH**: e.g. HIV, WIC Not BSAS | | |  **MRC**: Mass Rehab | | | |  **Other** | | |  |  |  |  |  |  |
|  **14. Living arrangement at Disenrollment:** *“Where is the client going to live when he/she leaves your program” (Check one)* | | | | | | | | | | | | | | | | | | |
|  House or apartment | |  Institution | | |  Shelter/mission | | | |  Foster Care | | |  |  Unknown | |  |  |  |  |
|  Room/boarding or sober house | |  Group home/Treatment | | |  On the streets | | |  |  Refused | | |  |  | |  |  |  |  |
|  | **15. Was the client homeless at Intake/Enrollment (whether or not chronic)?** | | | | | | |  Yes  No *If Yes, QH2 -QH3 are required If No, skip to Q15* | | | | | | | | | |  |
|  | **15a. Detailed Living Arrangement at Disenrollment** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **15b. Permanence of Living Situation at Disenrollment\*** | | | |  Permanent | | |  Transitional | |  |  |  Refused | |  Unknown | | |  |  |
|  **16. Has there been *any* drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?**  If the client left treatment unexpectedly, base answer on last face-to-face session*. If answer to Q15Is ’No’, skip to Q19* | | | | | | | | | | | | |  |  Yes  No | | | |  |
| **If the answer to Q16 is ‘Yes’, please rank substance abuse problems by entering the CURRENT primary, secondary, and tertiary substance.**  *Rank substances by entering the corresponding letters A-U+Z. (Neither nicotine/tobacco nor gambling can be a primary, secondary, or tertiary substance***).**  *If “Yes” to Q16, Q17a-c, Q18 & Q189are required* | | | | | | | | | | | | | | | | | | |
| Report **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 page 4.* | | | | | | | | | | | | | | | | | | |
|  | **17a. Primary Substance** | |  | **17b. Frequency of Use** | | |  |  | **17c. Route of Administration** | | | | |  |  |  |  |  |
| **18. Did the client use a Secondary Drug during the last 30 days/since Enrollment?** Yes No | | | | | | | | | | | | | | | | | | |
|  | **18a. Secondary Substance** | |  | **18b. Frequency of Use** | | |  |  | **18c. Route of Administration** | | | | |  |  |  |  |  |
| **19. Did the client use a Tertiary Drug during the last 30 days/since Enrollment?** Yes No | | | | | | | | | | | | | | | | | | |
|  | **19a. Tertiary Substance** | |  | **19b. Frequency of Use** | | |  |  | **19c. Route of Administration** | | | | |  |  |  |  |  |
|  | **20. Did the client use Nicotine/Tobacco since Enrollment** Yes No Refused Unknown | | | | | | | | | | | | | | | | | |
| **20a. Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20** | | | | | | | | | | | | | | | | | | |
| **cigarettes):** *If client uses another type of nicotine/tobacco product, mark Zero (0)* | | | | | | | | | | | | | | |  |  | | |
| **20b. While in this program, did the client attempt to stop using nicotine/tobacco?** 01Yes 02No 88Refused 99Unknown | | | | | | | | | | | | | | | | | | |

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|  **21. While at your program, did the client receive psychotropic medication?**  Yes  No *If ‘No’ skip to Q22, if ‘Yes’ answer Q21a.* | | | | |
| **21a. If yes, specify category(ies) of psychotropic medication taken.** *(Check all that apply)* | | | | |
|  Anti-depressants |  Mood Stabilizers |  Psycho-Stimulants |  Anti-Psychotics | Anti-Anxiety |

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|  **22. While at your program, did the client receive psychiatric crisis intervention?**  Yes  No *If ‘No’ skip to Q23, if ‘Yes’ answer Q22a.* | | | |
| **22a. If yes, Specify all psychiatric services received.** *(Check all that apply.)* | | | |
|  |  Evaluation by a psychiatrist |  Psychiatric emergency room services | |
|  |  Evaluation by a crisis team |  Assessment by clinical nurse specialist for behavior issues | |
|  **23. While at your program, did the client receive medical intervention?**  Yes  No *If ‘No’ skip to Q43, if ‘Yes’ answer Q 32a.* | | | |
| **23a. If yes, Specify which types of medical conditions required interventions:** *(Check all that apply.)* | | | |
|  |  Asthma/Allergies / Respiratory Infections |  Diabetes |  Lice/Scabies / Lyme |
|  |  Prenatal/postpartum / GYN care |  Hypertension/High Blood Pressure |  Cellulitis / skin wound / infections |
|  |  Urinary Tract / Bladder Infection |  Seizures | Other |
|  |  HIV / Hep C / STD |  Eye/Ear Care |  |
|  |  Dental |  Ulcer / Gastric distress |  |
|  | **24. Employment status at Disenrollment** | ** |  |

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|  | * **Q 6. 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 7. Referral at Disenrollment** | | | | | | | | | | | |
| **Code** |  | | | **Code** |  | | | | | **Code** |  |
| 00 | *Change* Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal  Treatment | | | 20 | *Change* Health Care Professional, Hospital | | | | |  | *67 Discontinued* |
| 95 | *New* Referral Not Needed – Appropriate **Mental Health** Clinical Services Already in Place | | | 21 | Emergency Room | | | | | 68 | Office of the Commissioner of Probation |
| 96 | *Change* 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 | *New* 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 | *New* 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 | Recovery Support Center | | |  |  | | | | |  |  |
| 17 | Second Offender Aftercare | | |  |  | | | | |  |  |
| 18 | Family Intervention Programs | | |  |  | | | | |  |  |
| 19 | Other Substance Abuse Treatment | | |  |  | | | | |  |  |
| * **12a. Detailed Living Arrangement at Discharge?** *(HUD)* | | | | | | | | | | | |  |
| 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 (HUD) | | | |  |
| 8 | Don't know | | | | | 17 | | Other (HUD) | | | |
| 9 | Refused | | | | |  | |  | | | |
| * ***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 | | | |  | * **Route of Administration** | | | |
| I | Other Hallucinogens | S | Club Drugs | | | |  | 1 | Oral (swallow and/or chewing) | | |
| J | Methamphetamine | U | Other | | | |  | 2 | Smoking | | |
|  |  | **V** | **Fentanyl** | | | |  | 3 | Inhalation | | |
|  |  | Z | K2/Spice or Other Synthetic Marijuana | | | |  | 4 | Injection | | |
|  |  |  |  | | | |  | 5 | Other | | |
|  |  |  |  | | | |  | **6** | **Electronic Devices/Vaping** | | |