Massachusetts Department of Public Health

CO PLUS	Disen
All Questions marked with a	► must be completed

Disenrollment Date:

☐ Completed

if in treatment less than 9 months? (Answer yes if either of these is true)

9. Number of arrests in the last 30 days or since Enrollment if in treatment less than 30 days.

Disenrollment Assessment Section 35

WAS DE	Disenrollment Assessm	nent	►ESM Client ID:	
The state of the s	Section 35	iciit	Provider ID:	
II Questions marked with a	must be completed		Boxes marked with	★ = Refer to key at end of form
Disenrollment Date:	l l mm dd yyyy			
Disenrollment Reason: Se	elect one			
Completed	Administrative/non-con	npliance	☐ Hospita	ilized, mental health/Section12
Elopement	Hospitalized, medical		☐ Deceas	sed
First Name:	Middle Initial: Last Name:			Suffix:
1. Client Code:		▶ 2. Inta	ake/Clinician Initials:	
3. Was client's treatmen	nt mandated under Section 35 Yes 🗵	▶ 4. D	ischarge Plan Yes	□No
5. Referred to Self Help	□Yes □No			
6. Frequency of attendan	ce at self-help programs in the last 30 days or sin	ce Enrollment	if in treatment less than	30 days. (e.g. AA)
7. Client Referrals at Dis	enrollment (Referral #1 is required, Referral #3	s 2 & 3 are opti Referi		for what determines a referral.
	nant or have you been pregnant in the past 9 mon	ths or since e	enrollment Yes	No

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 10c10d	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		
Q1	1 – 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? 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 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 Housing **Drug Screening** 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. **DMH**: Dept Mental Health DTA: food stamps, TANF MCB: Commission for the Blind DDS: Dept Developmental Services DMA: Mass Health MCDHH: Comm for the Deaf & Hard of Hearing DCF: Dept Children and Families DYS: Dept Youth Services DPH: e.g. HIV, WIC Not BSAS 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 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 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? Yes __ No If the client left treatment unexpectedly, base answer on last face-to-face session. If answer to Q15Is 'No', skip to Q19 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 Yes 18. Did the client use a Secondary Drug during the last 30 days/since Enrollment? 18c. Route of Administration 18a. Secondary Substance 18b. Frequency of Use Yes No 19. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? 19c. Route of Administration 19a. Tertiary Substance 19b. Frequency of Use 20. Did the client use Nicotine/Tobacco since Enrollment 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) 02 No 88 Refused 01 Yes 99 Unknown 20b. While in this program, did the client attempt to stop using nicotine/tobacco?

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Yes No If 'No' skip to Q22, if 'Yes' answer Q21a. 21. While at your program, did the client receive psychotropic medication? 21a. If yes, specify category(ies) of psychotropic medication taken. (Check all that apply) Anti-depressants Psycho-Stimulants Anti-Psychotics Anti-Anxiety 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.) Psychiatric emergency room services Evaluation by a psychiatrist 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 Cellulitis / skin wound / infections ☐ Hypertension/High Blood Pressure ☐ Urinary Tract / Bladder Infection Other Seizures ☐ HIV / Hep C / STD ☐ Eye/Ear Care Ulcer / Gastric distress Dental * 24. Employment status at Disenrollment

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			*	kQ 6. Fı	requency	of Atte	ndance	at Self-Help	Progra	ms
Code						•	Code			
01	No attendance in the past							05	16-30 times in past month (4 or more times per wk	
02	1-3 times in past month (le								06	Some attendance, but frequency unknown
03	4-7 times in past month (a								99	Unknown
04	8-15 times in past month	(2 or 3 ti	mes per week)							
	T				Q 7. Refe	erral at	Disenro	ollment		<u></u>
Code				Code					Code	
	Change Referral Not Need									
00	that Client Does Not Requi	re Enter	ing Formal	00	06	111- 0	D. (C7 Diagraphy and
00	Treatment	A	wists Mautal	20 Change Health Care Profess			Profession	onai, Hospitai		67 Discontinued
95	New Referral Not Needed - Health Clinical Services Al	– Approj ready in	Place Mental	21	Emergency	, Poom			68	Office of the Commissioner of Probation
30	Change Referral Not Need			21	Lineigency	y IXOOIII			00	Office of the Commissioner of Frobation
96	Substance Abuse Clinical			22	HIV/AIDS F	Program				
97	Referral Not made – Client			23	Needle Exc		rogram		69	Massachusetts Parole Board
98	Referral Attempted – Not V				24 through				70	Dept. of Youth Services
01	Self, Family, Non-medical I			26	New Mental Health Care Professional		71	Dept. of Children and Families		
02	BMC Central Intake/Room	5			27 through				72	Dept. of Mental Health
03	ATS/Detox			30				tem/College	73	Dept. of Developmental Services
04	Transitional Support Service			31	New Recov		School		74	Dept. of Public Health
05	Clinical Stabilization Service	es/CSS	-CMID		32-39 Disc				75	Dept. of Transitional Assistance
06	Residential Treatment			40	Supervisor			or	76	Dept. of Early Education and Care
07	Outpatient SA Counseling				41 through	49 Disco	ntinued		77	Mass. Rehab. Commission
08	Medication Assisted Trea	tment		50	Shelter				78	Mass. Commission for the Blind
09	Drunk Driving Program			51	Community			nization	79	Mass. Comm. For Deaf & Hard of Hearing
10	Acupuncture				52 through		ontinued		80	Other State Agency
11	Gambling Program			59	Drug Court		,		81	Division of Medical Assistance/MassHealth
4.4	12 & 13 Discontinued Sober House			C4	60– 63 Dis				00	Lindow source
14	15 Discontinued			64	Prerelease 65-66 Disc	, Legal Al	a, Police		99	Unknown
16	Recovery Support Center				00-00 DISC	onunueu				
17	Second Offender Aftercare									
18	Family Intervention Program									
19	Other Substance Abuse Tr									
				D () ()						
			≭ 12a.	Detaile	d Livina A	rrange	ment at	Discharge?	(HUD)	
1	Emergency Shelter		≭ 12a.	Detaile	d Living A			Discharge?	. ,	•
1 2	Emergency Shelter Transitional Housing for Ho	omeless	≭ 12a.	Detaile	d Living A	10	Rental	room/house/apa	rtment	
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