Disenrollment Assessment OYYAS

► **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. Client Type** ☐ Primary ☐ Collateral

► **4. Discharge Plan** 1☐Yes 2☐No

► **5a. Referred self-help group** 1☐Yes 2☐No

► **5b. 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)* ☐☐✶

► **6. Where was the client referred:** *(referral #1 is required, referral #2 & 3 are optional)* *See Manual for what determines a referral.*

Referral #1 ☐☐✶ **Referral #2** ☐☐✶ **Referral #3** ☐☐✶

► **7. Employment status at Discharge:** ☐ *If Unknown, use 99*

► **8. Number of days worked in the past 30 days or if in treatment less than thirty 30 days, since enrollment** ☐ *If Unknown use 99.*

► **9. 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

► **10. Number of arrests in the last 30 days or since Enrollment if in treatment less than 30 days.** ☐ *If Unknown, use 99*

Collateral Stops Here

► **11. Were you receiving Medication Assisted Treatment BEFORE enrollment into this program?** *If Yes, answer Q11a d. If no, skip to Q12* ☐ Yes ☐ No

11a Did you continue to receive Medication Addiction Treatment while in this program? ☐ Yes ☐ No

11b. Were you receiving Methadone Treatment? *If Yes skip to Q13 , If No answer 11c-11d* ☐ Yes ☐ No

11c. Which medication treatment were you receiving? *Select Below*

☐ Buprenorphine (Suboxone) ☐ Naltrexone (Vivitrol) ☐ Other, if other specify _____

11d. Which of these options best describes the purpose of your prescription?

☐ Alcohol Use Disorder ☐ Opioid Use Disorder ☐ Alcohol and Opioid Use Disorder ☐ Another substance use disorder

Q12 – Q12c are not required if answered Yes to Q11

12. Did you START Medication for Addiction Treatments while in this program? *If No, skip to Q13* ☐ Yes ☐ No

12a. Did you receive Methadone Treatment *if Yes, skip to Q13, if No go to Q12b-12c* ☐ Yes ☐ No

12b. Which medication treatment were you receiving? *Select Below*

☐ Buprenorphine (Suboxone) ☐ Naltrexone (Vivitrol) ☐ Other, if other specify

_____

12c. Which of these options best describes the purpose of your prescription?

☐ Alcohol Use Disorder ☐ Opioid Use Disorder ☐ Alcohol and Opioid Use Disorder ☐ Another substance use disorder

13. 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		

14. 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., WIC not BSAS Srvcs	☐ **MRC**: Mass Rehab Comm.	☐ **Other**
☐ **DYS**: Dept Youth Services	☐ **DMH**: Dept Mental Health	☐ **DTA**: e.g. food stamps, TANF	☐ **MCB**: Comm for the Blind	

15. 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

H1. Was the client homeless at Intake/Enrollment (whether or not chronic) ☐ Yes ☐ No *If Yes, QH2 -QH3 are required If No, skip to Q15*

H2. Detailed living arrangement at Disenrollment ☐ ✶

H3. 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? ☐ Yes ☐ No

If the client left treatment unexpectedly, base answer on last face-to-face session. If answer *to Q16 is 'No', skip to Q20a*

If Yes to Q16, please rank substance abuse problems by entering the CURRENT primary, secondary, and tertiary substance.

*Enter the corresponding letter A-U+Z. from the table on pg3 (gambling are excluded)**.** If Yes to Q16:: Q17a-c, Q18 and Q19 are required*

Report the Frequency of Use in the **last 30 days** or since Enrollment if in treatment less than 30 days.

16a. Primary Substance ☐ **16b. Frequency of Use**✶ ☐ **16c. Route of Administration** ✶ ☐

17. Did the client use a Secondary Drug during the last 30 days/since Enrollment? ☐Yes ☐No

17a. Secondary Substance ☐ **17b. Frequency of Use**✶ ☐ **17c. Route of Administration**✶ ☐

18. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? ☐Yes ☐No

18a. Tertiary Substance ☐ **18b. Frequency of Use** ✶ ☐ **18c. Route of Administration**✶ ☐

19. NICOTINE/TOBACCO USE

19a. Did the client use Nicotine/Tobacco since Enrollment ☐Yes ☐No ☐Refused ☐Unknown

If you answered Yes to Q20a, answer Q20b-20d. If No, assessment is complete

19b. 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)

19c. 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

19d. While in this program, did the client attempt to stop using nicotine/tobacco? 01☐Yes 02☐No 88☐Refused 99☐Unknown

★ Q 5b 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 6. Referral at Disenrollment

Code		Code		Code	
00	Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment	17	Second Offender Aftercare	64	Prerelease, Legal Aid, Police
95	Referral Not Needed – Appropriate **Mental Health** Clinical Services Already in Place	18	Family Intervention Programs		*65-67 Discontinued*
96	Referral Not Needed – Appropriate **Substance Abuse** Clinical Services Already in Place	19	Other Substance Abuse Treatment	68	Office of the Commissioner of Probation
97	Referral Not made – Client Dropped Out	20	Health Care Professional, Hospital	69	Massachusetts Parole Board
98	Referral Attempted – Not Wanted by Client	21	Emergency Room	70	Dept. of Youth Services
01	Self, Family, Non-medical Professional	22	HIV/AIDS Program	71	Dept. of Children and Families
02	BMC Central Intake/Room 5	23	Needle Exchange Program	72	Dept. of Mental Health
03	ATS/Detox		*24 through 25 Discontinued*	73	Dept. of Developmental Services
04	Transitional Support Services/TSS	26	Mental Health Care Professional	74	Dept. of Public Health
05	Clinical Stabilization Services/CSS-CMID		*27 through 29 Discontinued*	75	Dept. of Transitional Assistance
06	Residential Treatment	30	School Personnel, School System/College	76	Dept. of Early Education and Care
07	Outpatient SA Counseling	31	Recovery High School	77	Mass. Rehab. Commission
08	**Medication Assisted Treatment**		*32-39 Discontinued*	78	Mass. Commission for the Blind
09	Drunk Driving Program	40	Supervisor/employee Counselor	79	Mass. Comm. For Deaf & Hard of Hearing
10	Acupuncture		*41 through 49 Discontinued*	80	Other State Agency
11	Gambling Program	50	Shelter	81	Division of Medical Assistance/MassHealth
	12 & 13 Discontinued	51	Community or Religious Organization		
14	Sober House		*52 through 58 Discontinued*	99	Unknown
	15 Discontinued	59	Drug Court		
16	*New* Recovery Support Center		*60– 63 Discontinued*		

★ Q.7 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		

★ Questions 16a – 19c

★ Primary/Secondary/Tertiary Substance Codes

A	Alcohol	K	Other Amphetamines
B	Cocaine	L	Other Stimulants
C	Crack	M	Benzodiazepines
D	Marijuana / Hashish	N	Other Tranquilizers
E	Heroin	O	Barbiturates
F	Prescribed Opiates	P	Other Sedatives / Hypnotics
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

★ 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**