



## Disenrollment Assessment Acute

▶ 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

- |                                                                      |                                                       |                                                            |                                   |
|----------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Assessment <i>See Manual for Definition</i> | <input type="checkbox"/> Relapsed                     | <input type="checkbox"/> Transferred to another SA Program | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Completed                                   | <input type="checkbox"/> Administrative/non-compliant | <input type="checkbox"/> Hospitalized, Medical             |                                   |
| <input type="checkbox"/> AMA                                         | <input type="checkbox"/> Incarcerated                 | <input type="checkbox"/> Hospitalized, Mental Health       |                                   |

First Name:                      Middle Initial:                      Last Name:                      Suffix:

▶ 1. Client Code:                         ▶ 2. Intake/Clinician Initials:   

▶ 3. Was client's treatment mandated under Section 35?   No

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

▶ 9. Indicate the Social and/or Health services provided to the client 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 Problems)			Prenatal Care
Drug Screening (e.g. urine testing)			Post-partum Care
Treatment for Medical Problem			Medication for Withdrawal
Treatment for Emotional Problem: (i.e. <i>Psychiatric</i> Problems)			TB Testing: <i>not screening or assessment (e.g. a mantoux test is TB Testing)</i>
Nicotine Replacement Therapy			TB Treatment: <i>Medication</i>
Medication for Medical Problem			STD/STI, HIV, Hep C Testing, <i>not screening or assessment</i>
Medication for Emotional Problem: (i.e. <i>Psychotropic Meds</i> )			STD/STI, HIV, Hep C Treatment: <i>Medication</i>
Family Planning (e.g. birth control education)			<b>New Parenting Classes</b>

**New Medication-Assisted Treatment** i.e. Methadone, Buprenorphine (e.g. Suboxone), Injectable Naltrexone (e.g. Vivitrol)

▶ 10. Currently receiving services from a state agency:   Check all that apply.

- |                                                          |                                                                    |                                                 |                                                                           |
|----------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> None                            | <input type="checkbox"/> DMH: Dept Mental Health                   | <input type="checkbox"/> DTA: food stamps, TANF | <input type="checkbox"/> MCB: Commission for the Blind                    |
| <input type="checkbox"/> DCF: Dept Children and Families | <input type="checkbox"/> DDS: Dept Developmental Services          | <input type="checkbox"/> DMA: Mass Health       | <input type="checkbox"/> MCDHH: Commission for the Deaf & Hard of Hearing |
| <input type="checkbox"/> DYS: Dept Youth Services        | <input type="checkbox"/> DPH: e.g. HIV, WIC<br>Not substance abuse | <input type="checkbox"/> MRC: Mass Rehab        | <input type="checkbox"/> Other                                            |

<p>▶ <b>11. Living arrangement at Disenrollment:</b> "Where is the client going to live when he/she leaves your program" (Check one)</p> <p> <input type="checkbox"/> House or apartment                      <input type="checkbox"/> Institution                      <input type="checkbox"/> Shelter/mission                      <input type="checkbox"/> Foster Care                      <input type="checkbox"/> Unknown  <input type="checkbox"/> Room/boardings or sober house                      <input type="checkbox"/> Group home/Treatment                      <input type="checkbox"/> On the streets                      <input type="checkbox"/> Refused             </p>		
<p>▶ <b>12. Was the client homeless at Intake/Enrollment (whether or not chronic)?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>		
<p><i>If the answer to Q 12 is 'Yes', Question 12a and 12b are required. If the answer to 12 is 'No', skip to Question 13</i></p>		
<p><b>12a. Detailed Living Arrangement at Disenrollment</b>      <input type="text"/> ★</p>		
<p><b>12b. Permanence of Living Situation at Disenrollment*</b>      <input type="checkbox"/> Permanent      <input type="checkbox"/> Transitional      <input type="checkbox"/> Refused      <input type="checkbox"/> Unknown</p>		
<p>▶ <b>13. Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No  <b>If the client left treatment unexpectedly, base answer on last face-to-face session.</b> <i>If answer to Q 13 is 'No', skip to Q 17</i></p>		
<p><b>If the answer to Q. 13 is 'Yes', please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance as the current drugs of choice.</b> Rank substances by entering the corresponding letter on the next page – letters A-U. (Neither nicotine/tobacco nor gambling can be a primary, secondary, or tertiary substance). (If no secondary or tertiary substance exists, please leave those questions blank.)</p>		
<p>Also, please report <b>Frequency of Use</b> in the last 30 days or since Enrollment if in treatment less than 30 days, and <b>Route of Administration</b> for each substance reported. For these fields, enter corresponding code from list on next page.</p>		
<p><b>14a. Primary Substance</b>      <input type="text"/></p>	<p><b>14b. Frequency of Use</b>      <input type="text"/></p>	<p><b>14c. Route of Administration</b>      <input type="text"/></p>
<p><b>15. Did the client use a Secondary Drug during the last 30 days/since Enrollment?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>		
<p><b>15a. Secondary Substance</b>      <input type="text"/></p>	<p><b>15b. Frequency of Use</b>      <input type="text"/></p>	<p><b>15c. Route of Administration</b>      <input type="text"/></p>
<p><b>16. Did the client use a Tertiary Drug during the last 30 days/since Enrollment?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>		
<p><b>16a. Tertiary Substance</b>      <input type="text"/></p>	<p><b>16b. Frequency of Use</b>      <input type="text"/></p>	<p><b>16c. Route of Administration</b>      <input type="text"/></p>
<p>▶ <b>17. Did the client use Nicotine/Tobacco since Enrollment</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Refused      <input type="checkbox"/> Unknown</p>		

★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	<i>Change</i> Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment	20	<i>Change</i> Health Care Professional, Hospital	67 <i>Discontinued</i>
95	<i>New</i> Referral Not Needed – Appropriate <b>Mental Health</b> Clinical Services Already in Place	21	Emergency Room	68 Office of the Commissioner of Probation
96	<i>Change</i> Referral Not Needed – Appropriate <b>Substance Abuse</b> 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 <i>Discontinued</i>	70 Dept. of Youth Services
01	Self, Family, Non-medical Professional	26	<i>New</i> Mental Health Care Professional	71 Dept. of Children and Families
02	BMC Central Intake/Room 5		27 through 29 <i>Discontinued</i>	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	<i>New</i> Recovery High School	74 Dept. of Public Health
05	Clinical Stabilization Services/CSS-CMID		32-39 <i>Discontinued</i>	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 <i>Discontinued</i>	77 Mass. Rehab. Commission
08	Opioid 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 <i>Discontinued</i>	80 Other State Agency
11	Gambling Program	59	Drug Court	81 Division of Medical Assistance/MassHealth
	12 & 13 <i>Discontinued</i>		60– 63 <i>Discontinued</i>	
14	Sober House	64	Prerelease, Legal Aid, Police	99 Unknown
	15 <i>Discontinued</i>		65-66 <i>Discontinued</i>	
16	<i>New</i> 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		
I	Other Hallucinogens	S	Club Drugs	1	Oral (swallow and/or chewing)
J	Methamphetamine	U	Other	2	Smoking
				3	Inhalation
				4	Injection
				5	Other