

**COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

*Enterprise Invoice Management*  
&  
*Enterprise Service Management Project*

**BSAS**

**First Offender Driver Alcohol Education Disenrollment Assessment Manual**  
**For First Offender Driver Alcohol Education**  
**Disenrollment Assessment Form – Version 14**



*2016*

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## Introduction

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

### **Why Do We Collect this Data and Why is Accuracy Important?**

**At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).**

- ❖ It is a federal reporting requirement that we submit this data to SAMHSA
- The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
- TEDS is the **ONLY** national client-level database on substance abuse treatment
  - ➔ The data is used by federal policymakers, researchers, and many others
- It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
- It includes information on all clients admitted to programs that receive public funds
  
- ❖ Performance Management
- Level of Care Management meeting process
- Development of provider feedback reports
  - ➔ Business Decision Support
  - ➔ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

### **Goals and Objectives**

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

## Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as “public records”.

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health’s Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidentally view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

### **Why is the collection of identifying information so important?**

Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client’s enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

**Only the enrolling agency can see that the client is enrolled in a BSAS Program.**

#### ***Tips***

- Never email client names when contacting DPH for TA
- Never use the client name when on a phone call with DPH for TA

## **Interview Assumptions**

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews.** Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.
2. **Many of the interview items are designed as prompts.**  
A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown" or "refused".

## ***First Offender Driver Alcohol Education Disenrollment Assessment***

All questions marked with a ► are required and must be completed.

### **► ESM Client ID**

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake and Assessment forms *after the data is entered* into EIM-ESM system. This is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing as the Bureau does not have access to the name.

### **Provider ID**

This field is to be used by the provider in any way that is helpful to them in the management of client records. This is not entered into the EIM-ESM system.

### **► Disenrollment Date**

Enter the date that the client was disenrolled/discharged from the program. Enter the date using the MM/DD/YYYY format, for example: 06/01/2007.

- The Disenrollment Date is the last day the client received face-to-face service (session).
- It is not the date the record was closed (unless of course it is closed on the same day.)

### **► Disenrollment Reason**

Check only one box. Select from the following choices:

- Completed:** Client completed a 1.5 hour Intake, 16 2-hour psycho educational sessions, four hours of self-help, two hours of a victim impact forum and a half hour exit interview. All fees must have been paid.
- Relapsed:** Use of alcohol and/or illicit drugs while in the program.
- Administrative/non-compliance:** Active violation of program policies or rules (other than for use of alcohol or drugs, see "relapse").
- Incarcerated:** A client who is discharged because he/she enters a prison, jail, or correctional facility.
- Transferred to other substance abuse program:** Client is moved to another program of the same Level of Care.
- Hospitalized, Medical:** Client's medical condition is such that he/she requires hospitalization.

- **Hospitalized, Mental Health:** Client's mental health condition is such that he/she requires psychiatric hospitalization.
- **Inappropriate:** Client requires a more intensive Level of Care.
- **Deceased:** Client passed away while receiving treatment at your program.

### **First Name/Middle Initial/Last Name/Suffix**

While the client name is only entered into the Application at Intake, writing the full legal names on the Enrollment and Disenrollment Assessment forms is good record management.

#### **▶1. Client Code**

Repeat the Client Code as entered on the Enrollment Assessment. It is a five character code composed of capital letters from the individual's full name:

1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If non, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name*. Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

#### **▶2. Intake/Clinician Initials**

Enter the initials of the clinician who conducted the Assessment interview.

#### **▶3. Client's Type**

Only Primary Clients enter DAE.

Primary

- In traditional outpatient (ambulatory) programs, a client may be either or collateral.
- The choice for DAE is always Primary.
- There are no collateral clients in this Level of Care.

►4. **Disenrollment / Discharge Plan**

Check one box. Select either 'Yes' or 'No'.

The choices are:

- 1 Yes
- 2 No

The client must be aware of his/her discharge plan.

►5a. **Referred to Self Help**

Check one box. Select either 'Yes' or 'No'.

The choices are:

- 1 Yes
- 2 No

This question should be answered as 'Yes' if the client is referred to self help at any point in the course of treatment.

►5b. **Frequency of Attendance at Self-help Programs**

Record the number of times the client attended a self-help program (e.g. AA, NA etc...) in the past 30 days or since enrollment if in treatment less than 30 days.

The choices are:

- 01- No attendance in the past month
- 02 - 1-3 times in past month (less than once per week)
- 03 - 4-7 times in past month (about once per week)
- 04 - 8-15 times in past month (2 or 3 times per week)
- 05 - 16-30 times in past month (4 or more times per week)
- 06 - Some attendance in past month, but frequency unknown
- 99 - Unknown

►6. **Client Referrals at Disenrollment**

You must pick at least one referral for the client (**Referral #1**). Also indicate if you made additional referrals (**Referral #s 2 & 3**) to other types of programs/services.

Select from the following codes:

Please pay close attention to the code numbers as series of numbers have been discontinued, some choices edited and *New* choices are added.

**DAE Programs also need note the referral sources with red flags  in front of them for additional description and instruction.**

The choices are:

- 00 **Change** Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment.
- 95 **New** Referral Not Needed – Appropriate Mental Health Clinical Services Already in Place.
- 96 **Change** Referral Not Needed – Appropriate Substance Abuse Clinical Services Already in Place
- 97 **Not to be used for DAE clients.** (Referral not made – drop out). For the DAE client, drop out refers to administrative discharge and the referral should be “68 – Office of the Commissioner of Probation.”
- 98  Referral Attempted – Not Wanted by Client – This should only be used by the counselor when a referral to a higher level of care was rejected by the client. Counselor should advise the client that it is their privilege to reject their clinical advice, however, the recommendation for care will be included in their discharge summary.
- 01 **Not to be used for DAE** (Self, Family, Non-Medical Professional)
- 02 BMC Central Intake – Room 5
- 03 ATS – Detox
- 04 TSS – Transitional Support Services
- 05 CSS/CMID – Clinical Stabilization Services
- 06 Residential Treatment *Substance Abuse Residential such as Halfway House, Therapeutic Community, Family Residential Program*
- 07  Outpatient Substance Abuse Counseling – Licensed BSAS Ambulatory Programs but not including Opioid Treatment Programs (i.e., Methadone, Office Based Suboxone Treatment). A referral to an Opioid Treatment Program should be coded as “08”.
- 08 Opioid Treatment *Includes Methadone Treatment, Office-based Suboxone Treatment*
- 09  Drunk Driving Program – BSAS approved DAE Program to which the current provider is transferring the case in order to accommodate the client (closer to client’s home).
- 10 Acupuncture
- 11 Gambling Program  
*12 & 13 Discontinued*
- 14 Sober House *Living situation, no treatment within House*  
*15 Discontinued*
- 16 **New** Recovery Support Centers
- 17 Second Offender Aftercare *Outpatient (follows 2 week DUI/L Residential Program)*
- 18 Family Intervention Program *Programs designed to work with family members/concerned others to engage substance abuser to enter treatment*
- 19  Other Substance Abuse Treatment – Substance abuse programs not listed in numbers “02 through 18”
- 20 **Change** Health Care Professional, Hospital
- 21 Emergency Room
- 22 HIV/AIDS Programs
- 23 Needle Exchange Program  
*24 – 25 Discontinued*
- 26 **New** Mental Health Professional  
*27 – 29 Discontinued*
- 30 School Personnel, School System, College
- 31 **New** Recovery High School  
*32 – 39 Discontinued*
- 40 Supervisor/Employee Counselor  
*41 – 49 Discontinued*

- 50 Shelter
- 51  Community or Religious Organization – Any community and/or religious organization that provides support but is non-clinical in make-up. **It does not include traditional self-help groups such as AA/NA**  
52 – 58 *Discontinued*
- 59 Drug Court  
60 - 63 *Discontinued*
- 64 Prerelease, Legal Aid, Police  
65 – 67 *Discontinued*
- 68  Office of the Commissioner of Probation – This selection should only be representative of those clients who were returned to court for various administrative/non-compliance reasons. It should not include completers that are still on probation for the balance of their initial sanction time.
- 69 Massachusetts Parole Board
- 70 Department of Youth Services
- 71 Department of Children and Families (formerly Department of Social Services)
- 72 Department of Mental Health
- 73 Department of Developmental Services (formerly Department of Mental Retardation)
- 74 Department of Public Health
- 75 Department of Transitional Assistance
- 76 Department of Early Education and Care
- 77 Massachusetts Rehabilitation Commission
- 78 Massachusetts Commission for the Blind
- 79 Massachusetts Commission for the Deaf and Hard of Hearing
- 80 Other State Agency
- 81 Division of Medical Assistance/MassHealth
- 99 Unknown

- Note there are three categories of **Referral Not Needed**
  - **00** – **Change** -Assessment indicates that client does not require to enter formal treatment.
  - **95** – **New** – Appropriate Mental Health clinical services already in place (i.e., clinician did not make the referral).
  - **96** – **Change** - Appropriate Substance Abuse clinical services already in place (i.e., clinician did not make the referral).

What determines your making a referral:

- Action steps taken by you the Clinician on behalf of the client that resulted in an active referral (e.g., appointment is in place).
- Simply providing the client with information of services available (e.g., handing a brochure to the client) does not qualify as a referral.

**►7. Employment Status at Disenrollment**

**This item is a National Outcome Measure; reporting is required by SAMHSA.**

Enter one of the following codes:

- 1 Full-time Employment – Working 35 hours or more each week, including active duty members of the uniformed services.
- 2 Part-time Employment – Working fewer than 35 hours each week.
- 3 Unemployed-Looking for Work – Looking for work during the past 30 days or on layoff from a job.
- 4 Unemployed-Not Looking for Work – Not looking for work during the past 30 days.
- 5 Not in labor Force-Student
- 6 Not in labor Force-Retired
- 7 Not in labor Force-Disabled
- 8 Not in labor Force-Homemaker
- 9 Not in labor Force-Other
- 10 Not in labor Force - Incarcerated
- 11 Volunteer
- 12 Other
- 13 Maternity/Family Leave
- 99 Unknown

- If the individual has not been in the labor force for many years (such as many homeless individuals), code as ‘Not in labor Force-Other’.

**►8. Number of days worked**

Enter the number of days worked in the past **30 days or since Enrollment** if in treatment less than 30 days. *If Unknown, use 99.*

**►9. Number of Arrests**

**This is a National Outcome Measure, reporting is required by SAMHSA**

Enter the number of arrests in the past **30 days or since Enrollment** if in treatment less than 30 days.

**A Section 35 is not an arrest.**

► **10. Indicate the Social and/or health services provided to the client during Treatment – While in your Program**

Many substance abuse programs provide a range of social and medical services to the client during treatment. Some of these service may be provided directly be the substance abuse treatment program/agency and some may be provided by other programs/agencies or independent professionals.

Why we ask the question and what we want to know:

The purpose of this question is to collect an accurate report of all the services a client received during treatment, whether or not your program provided the service(s), taking a holistic approach to supporting recovery.

All listed social and health services must have one of the following entered:

- 0 = Not Provided
- 1 = Provided by your Agency
- 2 = Provided by Another Agency
- 3 = Provided by Both your Agency and Another Agency

The Social/health Services are:

- Legal Aid/Services:** This includes services provided to assist the client with his/her legal needs. This also includes programs' contact with parole or Probation Officers, DCF meetings, and transportation to court.
- Drug Screening:** Includes testing for evidence of illicit substances used by the client (e.g. urine testing).
- Treatment for Medical Problem:** Includes medical care for a physical problem. It does not include treatment for tuberculosis or sexually transmitted disease as those services are listed separately (see below).
- Treatment for Emotional Problem:** Includes special counseling/treatment for specific emotional/mental health problems other than those that usually result from substance abuse, for example, psychiatric consultation or specialized groups for PTSD.
- Nicotine Replacement Therapy:** Includes services specifically provided to assist the client with the cessation of smoking.
- Medication for Medical Problem:** Includes medication provided to the client to treat a medical condition during the course of treatment.
- Medication for Emotional Problem:** Includes medication provided to the client to treat an emotional/mental health condition during the course of treatment.
- Housing:** Services provided to the client in order to secure permanent or transitional housing (i.e., tenancy preservation). This does not pertain to residential treatment.
- GED:** Client engaged in the acquirement of GED.
- Vocational Training:** Client engaged in specific vocational course such as Certified Nursing Assistant Program.
- Family Planning:** Services specifically provided to assist the client with her/her family planning needs (e.g. birth control education).

- **Child Care:** Child care provided by the treatment program or arranged for by the program but provided by another agency.
- **Literacy Services:** Includes services that teach the client how to read and/or write.
- **English as Second Language:** Includes services that teach individuals whose primary language is not English how to speak and/or read and write in English.
- **Job Placement/Referral:** Includes services specifically provided to assist the client in getting a job, such as how to write a resume, what to do on a job interview, or how to conduct a job search.
- **Financial Counseling:** Includes services to teach client money management skills.
- **Prenatal Care:** Medical services provided specifically for monitoring a client's pregnancy.
- **Postpartum:** Postpartum is defined as the period between delivery and up to one year post delivery.
- **Change Medication for Withdrawal:** services specifically provided to assist the client with withdrawal from alcohol and/or drugs (not comfort medications such as Tylenol). This would refer to not only inpatient (ATS/detox) protocols but also Medication-Assisted Treatment used as a detox protocol (versus maintenance) in either an outpatient or doctor office setting.
- **TB Testing:** This does not pertain to screening or assessment. If the screening and assessment were positive, then the client likely would require a TB test (e.g. Mantoux test)
- **TB Treatment:** Medication specifically for TB was administered to the client while in your program.
- **STD/STI\*, HIV, Hep C Testing:** This does not pertain to the screening and assessment for STD/HIV/Hep C. But if any of the screening and/or assessments were positive, then the client would likely require a test to determine if he/she has and either or an STD, HIV, Hep C.
- **STD/STI\*, Hep C Treatment:** Medication specifically for either or a STD, HIV, Hep C was administered to the client while in your program.
- **New Parenting Classes:** Classes specific for parents to learn about caring for their children.
- **New Medication-Assisted Treatment (MAT):** The utilization of pharmacological interventions often in combination with non-pharmacological treatment services to decrease craving and relapse in order to assist persons with substance use disorders to attain and maintain abstinence from alcohol and illicit drug use. Pharmacological agents include, but are not limited to, opioid agonist medications such as methadone and buprenorphine and antagonist medications such as naltrexone. Examples of medically assisted therapy programs include Opioid Treatment Programs, office based opioid treatment programs, and programs licensed under 105 CMR 164.200 or 105 CMR 164.300.

**Tip:** If MAT is used as a detox protocol, **both** MAT and Withdrawal Medications should be checked – Code both as #2

**\*STI** – Sexually Transmitted Infection

► **11. Currently receiving services from a state agency**

Is the client currently receiving one or more of the state services listed below?

Check all that apply.

The choices are:

- None** No State Services were received by the client.
- DCF:** Department of Children and Families/ formerly Department of Social Services
- DYS:** Department of Youth Services
- MPB:** Massachusetts Parole Board
- OCP:** Office of the Commissioner of Probation (MA)
- DMH:** Department of Mental Health - this **does not pertain to all dual diagnosis** clients. Clients eligible for DMH services are severely and persistently mentally ill. A DMH client would be provided with case management services by DMH.
- DDS:** Department of Developmental Services / former Department of Mental Retardation
  
- DPH:** Department of Public Health - **other than substance abuse – we know that they are receiving substance abuse in that they are in your program (e.g. HIV/STD, WIC)**
- DTA:** Department of Transitional Assistance (e.g. Food Stamps, TANF)
- DMA:** Department of Medical Assistance (e.g. MassHealth)
- MRC:** Massachusetts Rehabilitation Commission
- MCB:** Massachusetts Commission for the Blind
- MCDHH:** Mass Commission for Deaf and Hard of Hearing
- Other:** Some other State Agency

- Note here that OCP, MPB, and DMA have been reinserted.
- **WHY: A client might have come in without Medicaid so it would not have been checked, but while in treatment in your program the client's Medicaid was approved. They came in without insurance but left with insurance. – Good outcome.**

► **12. Living arrangement at Disenrollment**

**This item is a National Outcome Measure, reporting is required by SAMHSA**

Check only one box. Select the answer that best describes the living situation for the client at disenrollment.

The choices are:

- House or apartment
- Room/boardings/sober house
- Institution (i.e., nursing home, criminal justice)

- Group home/treatment (e.g. recovery home)
- Shelter/mission
- On the streets
- Foster Care
- Refused
- Unknown

**►H1. Was this client homeless at Intake/Enrollment (whether or not chronic)?**

Check one box. Select either 'Yes' or 'No'.

If the answer to H1 is 'Yes' then it is required to complete H2 and H3. If the answer is 'No', skip to Question 13.

**H2. Detailed Living Arrangement at Disenrollment**

1. Emergency shelter
2. Transitional housing for homeless persons
3. Permanent housing for formerly homeless
4. Psychiatric hospital or other psychiatric facility
5. Substance abuse treatment facility or detox
6. Hospital (non-psychiatric)
7. Jail, prison or juvenile detention facility
8. Don't know
9. Refused
10. Rental room/house/apartment
11. Apartment or house that you own
12. Living with family
13. Living with friends
14. Hotel or motel paid for without emergency shelter voucher
15. Foster care home or foster care group home
16. Place not meant for habitation
17. Other

**H3. Permanence of Living Arrangement at Disenrollment**

- Permanent
- Transitional
- Refused
- Unknown

► 13. 🚩 **Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?**

**This item is a National Outcome Measure, reporting is required by SAMHSA**

Check one box. Select either 'Yes' or 'No'.

If the answer to Question 13 is 'Yes', fill out Questions 14a, 14b and 14c. If the answer to Question 13 is 'No' skip to Question 17.

- If there has not been any drug use since enrollment in your program, **DO NOT** list a primary, secondary, or tertiary drug
- **If the client left treatment unexpectedly, base answer on last face-to-face session.**

**14a. Primary Substance**

What substance did the client use primarily within the last 30 days or since Enrollment if in treatment less than 30 days? Select from the following codes:

The choices are:

- A Alcohol
- B Cocaine
- C Crack
- D Marijuana / Hashish
- E Heroin
- F Prescribed Opiates – Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client
- G Non-prescribed opiates – Non-medical use of pharmaceutical opiates which were not prescribed for the client
- H PCP
- I Other Hallucinogens
- J Methamphetamine
- K Other Amphetamines
- L Other Stimulants
- M Benzodiazepines
- N Other Tranquilizers
- O Barbiturates
- P Other Sedatives / Hypnotics
- Q Inhalants
- R Over the Counter
- S Club Drugs
- U Other

**14b. Frequency of Use**

Report the frequency of primary substance use in the last 30 days or since Enrollment if in treatment less than 30 days. Select from the following codes:

The choices are:

- 1 No use during last 30 days or since enrollment
- 2 1-3 times during the last 30 days or since enrollment
- 3 1-2 times per week during the past 30 days or since enrollment
- 4 3-6 times per week during the past 30 days or since enrollment
- 5 Daily during the past 30 days or since enrollment
- 7 Unknown

**14c. Route of Administration**

Report the route of administration used for the primary drug. Select from the following codes:

- 1 Oral (swallow and/or chewing)
- 2 Smoking
- 3 Inhalation
- 4 Injection
- 5 Other

**15. Did the client use a secondary drug during the last 30 days or since Enrollment if in treatment less than 30 days?**

Select either 'Yes' or 'No'. If Yes, answer Questions 15a, 15b and 15c. If 'No', skip to Question 17.

**15a. Secondary Substance**

What secondary substance did the client use within the last 30 days or since Enrollment if in treatment less than 30 days? Utilize the codes from Question 14a.

**15b. Frequency of Use**

Report the frequency of secondary substance use within the last 30 days or since Enrollment if in treatment less than 30 days. Utilize the codes from Question 14b.

**15c. Route of Administration**

Report the route of administration used for the secondary drug. Utilize the codes from Question 14c.

**16. Did the client use a tertiary drug during the last 30 days or since enrollment if in treatment less than 30 days?**

Select either 'Yes' or 'No'. If Yes, answer Questions 16a, 16b, and 16c. If 'No', skip to Question 17.

**16a. Tertiary Substance**

What tertiary substance did the client use within the last 30 days or since Enrollment if in treatment less than 30 days? Utilize the codes from Question 14a.

**16b. Frequency of Use**

Report the frequency of tertiary substance use within the last 30 days or since Enrollment if in treatment less than 30 days. Utilize the codes from Question 14b.

**16c. Route of Administration**

Report the route of administration used for the tertiary drug. Utilize the codes from Question 14c.

**►17a. Did the client use nicotine/tobacco since Enrollment?**

Check only one box. If the answer to Question 17a is 'Yes', answer Questions 17b, 17c and 17d.

The choices are:

- Yes
- No
- Refused
- Unknown

**17b. Number of cigarettes currently smoked per day**

Indicate the number of cigarettes, not number of packs.

If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Question 17c.

1 pack = 20 cigarettes
------------------------

**17c. Interest in stopping nicotine/tobacco use**

Check only one box.

The choices are:

- 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?**

Check only one box.

The choices are:

- 01** Yes
- 02** No
- 88** Refused
- 99** Unknown

**►18. Date of First Group**

Report the date of the client's first group.

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