



## Disenrollment Assessment Opioid Treatment

▶ **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     Drop Out                       Incarcerated                       Hospitalized, Medical                       Inappropriate  
 Completed     Administrative/non-compliant     Transferred to another SA Program     Hospitalized, Mental Health                       Deceased

**First Name:**                      **Middle Initial:**                      **Last Name:**                      **Suffix:**

▶ **1. Client Code:**    

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

▶ **3. Discharge Plan**    01  Yes    02  No

▶ **4a. Referred to Self Help**    01  Yes    02  No

▶ **4b. 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)       ★

▶ **5. Client referrals at disenrollment**                      (referral #1 is required, referral #2 & 3 are optional)                      *See manual for what determines a referral.*

Referral #1       ★                      Referral #2       ★                      Referral #3       ★

▶ **6. Employment status at Disenrollment:**      ★  
*If Unknown, use 99*

▶ **7. Number of days worked in the past 30 days or since enrollment if in treatment less than thirty 30 days** **If Unknown use 99**    

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

▶ **9. Indicate the Social or Health Service provided to clients 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

<b>Legal Aid Services</b> <i>(e.g. Assistance with Court Issues)</i>	<b>Medication for Emotional Problems</b> i.e. Psychotropic Medication	<b>Literacy Services</b>	<b>Medication for Withdrawal</b> <i>Not comfort meds (e.g. Tylenol)</i>
<b>Drug Screening</b> (e.g. urine testing)	<b>Housing</b> <i>Perm/trans Housing not Tx</i>	<b>English as a 2<sup>nd</sup> Language</b>	<b>TB Testing</b> <i>Not screening or assessment (e.g. a mantoux test is testing)</i>
<b>Treatment for Medical Problems</b>	<b>GED</b>	<b>Job Placement/Referral</b> <i>(e.g. Resume writing instruction)</i>	<b>TB Treatment Medication</b>
<b>Treatment for Emotional Problems</b> <i>Mental Health not Addiction Issues</i>	<b>Vocational Training</b> <i>(e.g. Nurses' aid certification)</i>	<b>Financial Counseling</b> <i>(e.g. Balance a checkbook)</i>	<b>STD/STI, HIV, Hep C Testing</b> <i>Not screening or assessment</i>
<b>Nicotine Replacement Therapy</b> <i>(e.g. Patch, Gum)</i>	<b>Family Planning</b> <i>(e.g. Birth Control Education)</i>	<b>Prenatal Care</b>	<b>STD/STI, HIV, Hep C Treatment Medication</b>
<b>Medication for Medical Problems</b>	<b>Child Care</b>	<b>Post-partum Care</b> <i>Immediately after birth to 1 year</i>	<b>Parenting Classes</b>

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

- None                       MPB: Parole                       DDS: Dept Developmental Svcs                       DMA: MassHealth                       MCDHH: Comm Deaf & Hard of Hearing  
 DCF: Dept Children and Families                       OCP: Probation                       DPH: e.g. HIV, WIC not substance abuse                       MRC: Mass Rehab                       Other  
 DYS: Dept Youth Services                       DMH: Dept Mental Hlth                       DTA: food stamps, TANF                       MCB: Comm for the Blind

▶ **11. Living arrangement at Disenrollment:** (Check one)

- House or apartment                       Institution                       Shelter/mission                       Foster Care                       Unknown  
 Room/boardings 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 the answer to Q H1 is 'Yes', Question H2 and H3 are required. If the answer to H1 is 'No', skip to Question 12*

H2. <b>Detailed living arrangement at Disenrollment</b> <input type="text"/> *	
H3. <b>Permanence Of living situation at Disenrollment*</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Transitional <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	
▶ 12. <b>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 <i>If answer to Q 12 is 'No', skip to Q 16</i>	
<b>If the answer to Q. 12 is 'Yes', please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance as the current drugs of choice. 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.)</b>	
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.	
13a. <b>Primary Substance</b> <input type="checkbox"/> *	13b. <b>Frequency of Use</b> <input type="checkbox"/> *
13c. <b>Route of Administration</b> <input type="checkbox"/> *	
14. <b>Did the client use a Secondary Drug during the last 30 days/since Enrollment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. <b>Secondary Substance</b> <input type="checkbox"/> *	14b. <b>Frequency of Use</b> <input type="checkbox"/> *
14c. <b>Route of Administration</b> <input type="checkbox"/> *	
15. <b>Did the client use a Tertiary Drug during the last 30 days/since Enrollment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
15a. <b>Tertiary Substance</b> <input type="checkbox"/> *	15b. <b>Frequency of Use</b> <input type="checkbox"/> *
15c. <b>Route of Administration</b> <input type="checkbox"/> *	
▶ 16a. <b>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 <i>If the answer is Yes to Q 16a. answer Qs 16b – 16d.</i>	
16b. <b>Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes):</b> <input type="text"/> <b>If the client uses another type of nicotine/tobacco product, mark Zero (0) and go to Q 16c.</b>	
16c. <b>Interest in stopping nicotine/tobacco use at Disenrollment:</b> 1 <input type="checkbox"/> No <span style="margin-left: 150px;">3 <input type="checkbox"/> Yes, Within 30 days</span> <span style="margin-left: 150px;">88 <input type="checkbox"/> Refused</span> 2 <input type="checkbox"/> Yes, Within 6 Months <span style="margin-left: 150px;">4 <input type="checkbox"/> Does Not Apply (already stopped)</span> <span style="margin-left: 150px;">99 <input type="checkbox"/> Unknown</span>	
16d. <b>While in this program, did the client attempt to stop using nicotine/tobacco?</b> 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown	
<b>MTQAS/OPIOID QUESTIONS</b>	
▶ 1. <b>Does/Did client have a current prescription opiate(s) upon leaving the program?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
▶ 2. <b>Does/Did the client have a current prescription for Benzodiazepine(s) upon leaving the program?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
▶ 3. <b>Urinalysis Results Received Over the Past 3 Months. EXCLUDE the client's initial urine screen</b>	
<b>Drug</b>	<b># of Urine Screens for Drug</b>
<b>Cocaine</b>	<b># of Testing Positive for Drug</b>
<b>Opiates</b>	
<b>Methadone</b>	
<b>Benzodiazepines</b>	
<b>Other Drugs</b>	
4a. <b>Which medication-assisted treatment is the client currently using?</b> <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Injectable Naltrexone <i>If client is currently using injectable naltrexone, skip Q. 4b and go to Q. 5</i>	
▶ 4b. <b>Client's last dose before Disenrollment (mg)*:</b> <input type="text"/>	
▶ 5. <b>In what phase of treatment was the client?</b> 1 <input type="checkbox"/> Assessment <span style="margin-left: 50px;">2 <input type="checkbox"/> Active treatment</span> <span style="margin-left: 50px;">3 <input type="checkbox"/> Stabilization treatment</span> <span style="margin-left: 50px;">4 <input type="checkbox"/> Medically supervised withdrawal</span> <span style="margin-left: 50px;">5 <input type="checkbox"/> Medical maintenance</span>	

★ Q 4b 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 5. 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		<i>24 through 25 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		<i>27 through 29 Discontinued</i>	72 Dept. of Mental Health
			School Personnel, School System/College	73 Dept. of Developmental Services
03	ATS/Detox	30	<i>New</i> Recovery High School	74 Dept. of Public Health
04	Transitional Support Services/TSS	31	<i>32-39 Discontinued</i>	75 Dept. of Transitional Assistance
05	Clinical Stabilization Services/CSS-CMID		Supervisor/employee Counselor	76 Dept. of Early Education and Care
06	Residential Treatment	40	<i>41 through 49 Discontinued</i>	77 Mass. Rehab. Commission
07	Outpatient SA Counseling			78 Mass. Commission for the Blind
08	Opioid Treatment	50	Shelter	79 Mass. Comm. For Deaf & Hard of Hearing
09	Drunk Driving Program	51	Community or Religious Organization	80 Other State Agency
10	Acupuncture		<i>52 through 58 Discontinued</i>	81 Division of Medical Assistance/MassHealth
11	Gambling Program	59	Drug Court	
	<i>12 &amp; 13 Discontinued</i>		<i>60– 63 Discontinued</i>	
14	Sober House	64	Prerelease, Legal Aid, Police	99 Unknown
	<i>15 Discontinued</i>		<i>65-66 Discontinued</i>	
16	<i>New</i> Recovery Support Center			
17	Second Offender Aftercare			
18	Family Intervention Programs			
19	Other Substance Abuse Treatment			

★ Q 6 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 13a – 15c			
★ Primary/Secondary/Tertiary Substance Codes		★ Frequency of Use	
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
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		