



No Wrong Door Integrative Screener User Guide

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Purpose of this Manual

This user guide is intended to assist direct care service providers, agency directors/supervisors and staff to understand and incorporate integrative screening practices within their settings, using the *No Wrong Door Integrative Screener*. The information contained in this guide is designed to provide:

- A rationale for integrated care, the utility of screening practices, and an overview of the “no wrong door” concept and project
- Overview of the *NWD Integrative Screener* and general tips for administration
- Instructions for use of the *NWD Integrative Screener* in paper-and-pencil format
- Instructions to guide the use of the *NWD Integrative Screener* in its electronic version using a computer or tablet
- Guidance on how to proceed after screening, including recommendations for conducting brief interventions and referrals
- Examples to demonstrate the overall screening process, from start-to-finish, using the *NWD Integrative Screener*, including a case example paired with a sample screen
- Additional resources to aid in the implementation and screening process, including: frequently asked questions, alternative screeners and assessments, and considerations for using the *NWD Integrative Screener* with adolescents

Disclaimer. The information captured by the *NWD Integrative Screener*, in either its paper-and-pencil or electronic format, is considered protected health information (PHI). The information captured should be safeguarded in accordance with an individual agency’s privacy practice and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This user guide does not provide instructions on how to use the *NWD Integrative Screener* in a manner that is HIPAA compliant. All questions regarding the security of client PHI should be directed to the HIPAA compliance or privacy officer within individual agencies.

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About the Authors

The Center for Community Collaboration (CCC) is housed within the University of Maryland, Baltimore County (UMBC) Department of Psychology. The Center was initially created as a university-community collaborative through several Memoranda of Understanding with the Infectious Disease Bureau (IDB), Prevention and Health Promotion Administration (PHPA), of the Maryland Department of Health and Mental Hygiene beginning in 2004. Since 2008, the CCC has continued its collaborations with agencies identified and recruited by the Prevention and Health Promotion Administration with a focus on disseminating Screening, Brief Intervention, and Referral to Treatment (SBIRT) for mental health and substance abuse for persons living with HIV/AIDS through a Continuous Quality Improvement (CQI) framework.

Our mission has been to provide capacity building and training services for the implementation of evidence-based practices within direct care services agencies. We have served multiple community-based organizations throughout the State of Maryland using capacity building strategies, trainings, direct services support, workshops, and surveys. Through a collaborative consultation process that emphasizes organizational stages of change and cultural competence, we treat key stakeholders and agency providers as the experts, helping to identify programs' needs and providing them with relevant training to enhance quality of and access to care. The CCC is currently working with the IDB, PHPA to target efforts for the "No Wrong Door" project (SAMHSA grant no. SM-11-006). This project aims to expand the development and implementation of integrated screening and referral networks and capacity building for mental health, substance use, sexual health, and infectious disease prevention and treatment with several collaborating partner agencies. As part of this movement toward integrated care, we continue to explore opportunities for better synergy and coordination of services.

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Recognitions

The CCC wants to highlight the contributions of Letitia Travaglini, M.A., who provided invaluable support in the development and design of the *NWD Integrative Screener*, specifically for the electronic version of the screener. This program would not have been possible without her knowledge of Excel® and dedication to excellence in achieving the formatting and scoring mechanisms of the electronic version of the *NWD Integrative Screener*.

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Baltimore Crisis Response, Inc.

Total Health Care, Inc.

Family Health Centers of Baltimore, Inc.

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BACKGROUND AND OVERVIEW

Overview of the No Wrong Door Project

UMBC's Center for Community Collaboration (CCC) is a collaborative partner with the Infectious Disease Bureau (IDB) of the Maryland Department of Health and Mental Hygiene's Prevention and Health Promotion Administration in a Minority AIDS Initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA Grant No: SM-11-006). This project is aimed toward improving the integration and comprehensiveness of screening and delivery of direct services and referral networks for mental health, substance use, primary care, and sexual health/infectious disease for the Baltimore Metropolitan Statistical Area (MSA). This grant-funded project is referred to, locally, as the "No Wrong Door" (NWD) project.

Together, the CCC and the IDB collaborated to develop a comprehensive screener to be used by providers working in mental health, substance use, and HIV/AIDS primary care settings in the Baltimore MSA, and assisted agencies in implementing this screener within their agency protocol. The *No Wrong Door Integrative Screener* briefly identifies and evaluates patient risks in the areas of physical health, mental health, substance use, and sexual health. The client risks identified by the *NWD Integrative Screener* help providers in determining appropriate client-specific treatment and referral needs.

Why Screen for Health Risks Across Multiple Areas?

Integrated care aims to address preventable, undertreated conditions that affect other diagnosed health conditions and ensures an individual's multiple healthcare needs are met. Through integrated care, the treatment of an individual is focused on the *whole* person rather than specializing on only a single healthcare need. When using a comprehensive perspective, clients tend to have better overall health outcomes.

Integrative Screening (SAMHSA, 2013a):

- Determines the likelihood that an individual is experiencing problems or concerns across multiple health domains.
- Expedites access to appropriate services and referrals, including exploration of service needs (medical, housing, trauma, etc.).
- Has a goal of identifying individuals who may have co-occurring disorders and related service needs.
- Helps individuals who screen positive obtain appropriate services(s) and referral(s) for multiple health needs.

It is important to note that screening is different from assessment. While screening is helpful in identifying *possible* areas of risk, a more in depth assessment allows providers to make diagnoses to further inform treatment planning (Technical Assistance Partnership for Child and Family Mental Health, 2013).

- **Screening**:
 - Identifies immediate, current health needs
 - Determines need for further evaluation and treatment/support
 - Is typically short in length and quick to administer and score
- **Assessment**, on the other hand:
 - Is comprehensive and usually considers multiple domains of functioning
 - Is individualized to address needs and identify strengths
 - Gathers key information and enables practitioner to identify health concerns or diagnoses health conditions; and sometimes may identify strengths and barriers that may impact treatment engagement
 - Establishes a baseline of signs, symptoms, behavior to allow ongoing monitoring of progress

The *NWD Integrative Screener* helps providers effectively collect initial information that provides a more comprehensive picture of an individual's health to better inform treatment plans, coordinate care, and provide appropriate service referrals using an integrated model. This screener allows numerous providers involved in the client's care to use the same information, ensuring seamless coordination of care.

The Importance of Integrated Care

It may come as no surprise that individuals who seek and receive treatment have multiple needs. The latest research emphasizes that individuals with one behavioral health diagnosis have a greater possibility for health risk(s) in other areas; underlining the importance of assessing all clients in the areas of sexual health/infectious disease, physical health, substance use, and mental health.

Here are a few examples from recent research that highlight the need for integrated care:

- In general, more than half (52.2%) of the adults with co-occurring mental illness and substance use disorders received neither specialty substance use treatment nor mental health treatment during the past year (SAMHSA, 2013).
- For individuals with a primary **Mental Health** diagnosis:
 - Mental health disorders can impact an individual's physical health and may exacerbate physical health problems. Sixty-eight percent of individuals with a mental health disorder also suffer from a medical condition, compared to 58% of the general adult population. The life expectancy of individuals with severe mental illness (SMI) is 25 years less than someone without a mental illness, largely due to medical concerns (SAMHSA, 2013b).
 - A 2014 National Survey (SAMHSA, 2015a) found that 43.6 million adults had a mental illness in the previous year. Of these individuals, approximately 18% were also diagnosed with a substance use disorder.
 - Although people with SMI (major depression, bipolar disorder, schizophrenia) represent only about 4% of the U.S. population, they represent a significant proportion of individuals with substance abuse or dependence (SAMSHA, 2015a).
 - Out of the 9.8 million adult population with serious mental illness (SMI) in the past year, 23.3% also had substance abuse or dependence in the past year (SAMHSA, 2015a).
 - Mental health disorders can serve to increase the transmission of infectious diseases. For example, symptoms of depression are associated with unprotected sexual intercourse, multiple sex partners, trading sex for money or drugs, and contracting sexually transmitted diseases (Hutton et al., 2004).
 - HIV prevalence among individuals with mental illness is quadrupled when compared to HIV prevalence among the general population (4.8% versus 0.4%). This rate increases somewhat when the mental illness co-occurs with a substance use disorder (6.0%; Blank et al., 2014; Rosenberg et al., 2001, 2005; Himelhoch et al., 2011; SAMHSA, 2015b)
- This trend is more dramatic when considering Hepatitis C (HCV). Among individuals with a mental health and co-morbid substance use disorder HCV occurs at a rate of 25%, compared with 5.0% in mental health populations with no co-occurring illness and 1.5% in the general population (Blank et al., 2014; Rosenberg et al., 2001, 2005; Himelhoch et al., 2011; SAMHSA, 2011). For individuals with a primary **Substance Use Disorder** diagnosis:
 - The National Study on Drug Use and Health (SAMHSA, 2015a) found that 20.2 million adults had a substance use disorder in the previous year and 39.1% of these individuals had a co-occurring mental health diagnosis.

- Individuals with substance use disorders are at increased risk for HIV and sexually transmitted infections (STI). Heavy drinkers (drinking 5 or more drinks on the same occasion on 5 or more days) between ages 18-25 are at three times the risk of contracting an STI than same age non-drinkers (3.1% vs. 1.4%; SAMHSA, 2006). Intravenous drug users are at increased risk for infection with HIV and Hepatitis B and C. Among the 47,352 cases of HIV infections in 2013, 3,096 (7%) were due to injected drug use (CDC, 2015).
- For individuals who have an **Infectious Disease**:
 - HIV-positive individuals are more likely to have a behavioral health diagnosis compared to the general (non-HIV) population; HIV-positive individuals are over three times more likely to be diagnosed with a mood disorder and about five times more likely to abuse substances (Pence et al., 2006).
 - About a quarter of individuals living with HIV in the United States are also co-infected with HCV. However, among individuals with additional risk factors (e.g. injection drug use, needle sharing), the rates of co-infection are significantly higher (approximately 80%) (SAMSHA, 2015b).
 - Prevalence rates of Hepatitis B (23.4%) and Hepatitis C (20.3%) in SMI populations are roughly 5 and 11 times, respectively, the overall estimated population rates (Rosenberg et al., 2001; Meyer et al., 2003). When an individual with SMI does not have additional risk factors (e.g., injection drug use, substance use disorder, sex work, other STIs), these prevalence rates decrease dramatically (8.5% and 4.3%, respectively).
 - Among people diagnosed with HIV, 37% reported a drug or alcohol risk behavior in the previous 30 days and 25% of HIV positive individuals are using substances at a level that warrants treatment (CDC, 2008; SAMHSA, 2011).

***THE NO WRONG DOOR
INTEGRATIVE SCREENER:
CURRENT UPDATES***

No Wrong Door Integrative Screener Version 3.0 Updates

Please note the following improvements from Version 2.0 to Version 3.0 of the *No Wrong Door Integrative Screener*:

- The most significant changes occur on page 2 of the *Integrative Screener*, where we reordered the item numbers, which impacts the administration and scoring for the Physical Health and Mental Health domains. The items themselves are identical, but appear in a different order.
 - This change was made in order to maintain the validity of the DUKE as a standalone instrument. We have recently signed a licensing agreement with Duke University for the use of the instrument. A disclaimer regarding the agreement with Duke University can be found on page 3.
- We also incorporated additional scoring domains for mental health, which now include Depression, Anxiety, and Depression/Anxiety in order to most conservatively capture individuals with varying patterns of mental health symptom presentation
- Given the various changes in the order of items to the screener, corresponding updates were made to the One-Page Scoring Sheet (see page 35).
- Finally, in an effort to capture the nuanced risk factors associated with recommendations for HIV and other infectious disease (ID) testing, we have introduced additional scoring mechanisms behind the scenes in the electronic version to most comprehensively identify individuals at risk of contracting an ID.
 - Given the complexity of these algorithms, it was not feasible to include these additional scores in the Referral Indicators or One-Page Scoring Sheet. Therefore, in order to help providers identify additional risk factors that are not captured with these alternative scoring methods, we have developed a cheat sheet of these additional risk factors that can be referenced to guide HIV/ID testing referrals, please see page 92 in the [Additional Resources](#).

No Wrong Door Integrative Screener Training Videos

The CCC is excited to announce that we now offer training videos in the Integrative Screener, as a supplement to the formal training that you have received. These videos are intended to be a helpful resource as you progress through each step of using the screener. For a detailed description of the available videos and information on where they can be accessed, please see page 81 in [Additional Resources](#).

***THE NO WRONG DOOR
INTEGRATIVE SCREENER:***

**OVERVIEW AND TIPS FOR
ADMINISTRATION**

No Wrong Door Integrative Screener Overview

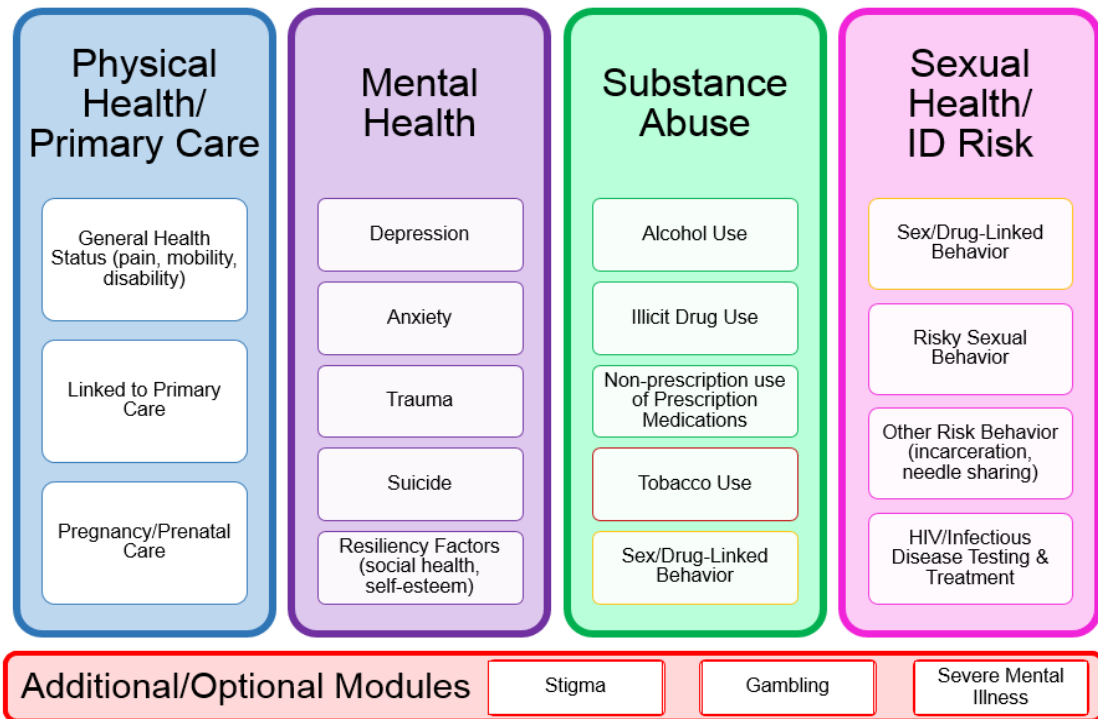
The *NWD Integrative Screener* is a comprehensive screening instrument designed to efficiently and comprehensively identify risk across multiple health domains. It was developed by carefully reviewing and incorporating full scales and select items from validated instruments and recommended resources. The tables below provide an overview of the resources from which items were obtained:

		DUKE	PC-PTSD	SBQ-R	Mental Health Symptom Severity Index	NWD Integrative Screener								AUDIT-C	ASSIST	Braun Harvey Sexual Health	CDC's Diffusion of Effective Behavioral Interventions	Health Risk Questionnaire	CDC Risk Screening and ID Testing Recommendations	Taking Routine Sexual Histories	NWD Integrative Screener	
Physical Health	Primary Care					✓	Substance Use	Alcohol Use	✓	✓											✓	
	Physical Health	✓				✓		Tobacco Use		✓			✓									✓
	Prenatal Care					✓		Illicit Drug Use		✓			✓	✓								✓
Mental Health	Resiliency Factors (self-esteem, social health)	✓				✓	Infectious Disease	Rx Drug Use		✓			✓								✓	
	Anxiety	✓			✓	✓		Sex/Drug- Linked Behavior				✓	✓						✓	✓		✓
	Depression	✓			✓	✓		Sexual Behaviors					✓					✓	✓			✓
	Trauma		✓		✓	✓		Other ID Risk (prison; injection drug use)										✓				✓
	Suicidality			✓	✓	✓		HIV/ID Testing and Treatment										✓	✓			

Screening Instruments & Resources	Created By
Entire Screening Instruments Included	
Duke Health Profile (DUKE)	Department of Community and Family Medicine, Duke University Medical Center (2000)
Primary Care PTSD Screen (PC-PTSD)	Prins, Ouimette, & Kimerling (2003)
Alcohol Use Disorders Identification Test (AUDIT-C)	World Health Organization (1990)
Suicide Behaviors Questionnaire-Revised (SBQ-R)	Osman et al. (1999); Linehan (1981)
Contributing or Modified Screening Instruments/Resource Guides	
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3)	World Health Organization (2010)
Braun Harvey Sexual Health in Recovery Assessment	Braun-Harvey (2009)
CDC's Diffusion of Effective Interventions Evidence-Based Programs	CDC's Effective Interventions Evidence-Based Programs (dates vary depending on program)
Health Risk Questionnaire	UMBC Center for Community Collaboration (n.d.)
HIV Risk-Taking Behaviour Scale (HRBS)	National Drug and Alcohol Research Centre (1990)
MD HIV Encounter Form	Maryland Department of Health and Mental Hygiene (n.d.)
Mental Health Symptom Severity Form	Baltimore Mental Health Systems, Inc. (2008)
Taking Routine Sexual Histories: A System-Wide Approach for Health Centers Toolkit	National Association of Community Health Centers (2013)
Additional Instruments and Resources (not included in above table)	
Asking the Right Questions 2 (ARQ-2) - Used for Gender Identity and Sexual Orientation items	Centre for Addiction and Mental Health (2004)
HIV Stigma Scale - Used in the optional 'Stigma' module	Berger et al. (2001)
Brief Bio-Social Gambling Screen (BBGS) - Used in the optional 'Gambling' module	Gebauer, LaBrie, & Shaffer (2010)

On average, a completed screen takes about 15-20 minutes, with additional time spent on providing feedback and discussing next steps (i.e., referrals) with clients. The benefits of using the *NWD Integrative Screener* include:

- **Comprehensiveness:** It draws from several validated instruments and recommended tools to screen across multiple health domains.
- **Flexibility:** It can be administered electronically using Microsoft Excel® or via paper-and-pencil format. Clients can be screened by a provider in an interview (provider format) or by self-report (client format). The items asked in the interview and self-report formats are identical. However, the



interview format includes helpful features to assist in administration and scoring:

- **Shading/Point Values:** Darker shading/higher point value indicates greater symptom severity to help the provider identify health concerns throughout the screening process.

40. How often have you thought about killing yourself in the past year?	Never <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Very Often <input type="checkbox"/> 5
---	-------------------------------------	--------------------------------------	---	-------------------------------------	--

- **Interview Page:** This page is used to aid the provider to not only discuss a client's referral needs but also assess his/her readiness to address the identified health concerns. If a client completes the self-report format, it is recommended that a provider first score the screener and then complete this page with a client afterward to review the results and address referral needs.

Health Domains within the *No Wrong Door Integrative Screener*

The *NWD Integrative Screener* identifies health concerns in the health domains listed below. Each item corresponds to one or more specific health domains.

Blue-shaded responses correspond to Physical Health/Primary Care

Purple-shaded responses correspond to Mental/Emotional Health

Green-shaded responses correspond to Alcohol, Illicit and Prescription Drug Use

Red-shaded responses correspond to Tobacco Use

Orange-shaded responses correspond to Sex/Drug-Linked Behavior

Pink-shaded responses correspond to HIV/Infectious Disease Risk and Testing

Yellow-shaded responses correspond to HIV Treatment

Specific Items within the *No Wrong Door Integrative Screener*

Below are the specific items in the *NWD Integrative Screener*, separated according to each health domain.

Note. The questions are grouped by health domain and do not reflect the actual order as they appear in the screener.

Demographics

1. Age:	2. Country of Origin:	3. What is your primary language?
4. Length of time living in the U.S:		5. Race (check all that apply):
<input type="checkbox"/> <1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 10+ years	<input type="checkbox"/> Asian
<input type="checkbox"/> Declined	<input type="checkbox"/> N/A (born in U.S.)	<input type="checkbox"/> Black or African American
6. Ethnicity		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prefer Not to Answer		<input type="checkbox"/> Prefer Not to Answer
7. What sex were you assigned at birth?		8. What is your gender? (check all that apply)
<input type="checkbox"/> Female		<input type="checkbox"/> Female
<input type="checkbox"/> Male		<input type="checkbox"/> Male
<input type="checkbox"/> Intersex		<input type="checkbox"/> Transgender (Female to Male)
		<input type="checkbox"/> Transgender (Male to Female)
		<input type="checkbox"/> Intersex
		<input type="checkbox"/> Genderqueer
		<input type="checkbox"/> Questioning
		<input type="checkbox"/> Additional: _____

9. What is your current housing situation?	10. Have you been in jail or prison in the past 12 months?
<input type="checkbox"/> Rent or Own House/Apt	<input type="checkbox"/> Yes 1
<input type="checkbox"/> Living with Relatives/Friends	<input type="checkbox"/> No 0
<input type="checkbox"/> Renting a Room/Shared Space	<input type="checkbox"/> Prefer Not to Answer 1
<input type="checkbox"/> Group Home	
<input type="checkbox"/> Shelter	
<input type="checkbox"/> Transitional Housing	
<input type="checkbox"/> Outdoors, Homeless, Streets	
<input type="checkbox"/> Other (e.g., Place to Place) []	
11. What is the highest level of education you have completed?	12. Are you a veteran?
<input type="checkbox"/> Less than High School	<input type="checkbox"/> Yes
<input type="checkbox"/> High School/GED	<input type="checkbox"/> No
<input type="checkbox"/> Vocational or Technical School	
<input type="checkbox"/> Some College	
<input type="checkbox"/> College Degree	
<input type="checkbox"/> Some Graduate School	
<input type="checkbox"/> Graduate Degree	

61. What is your sexual orientation? (check all that apply)		
<input type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay
<input type="checkbox"/> Bisexual	<input type="checkbox"/> MSM (man who has sex with men)	<input type="checkbox"/> WSW (woman who has sex with women)
<input type="checkbox"/> Questioning	<input type="checkbox"/> Other []	<input type="checkbox"/> Prefer Not to Answer

Primary Care/Physical Health

13. Do you currently have a health care provider?	<input type="checkbox"/> Yes 0	<input checked="" type="checkbox"/> No 1	
14. When was the date of your last doctor's visit?	Estimated Date:	[]	
15. Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
a. If you are pregnant, are you getting prenatal care?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No 1	<input checked="" type="checkbox"/> Don't Know 1
b. About how far along are you in your pregnancy (specify months or weeks)?	[]	<input type="checkbox"/> months	<input type="checkbox"/> weeks

	<i>Yes, describes me exactly</i>	<i>Somewhat describes me</i>	<i>No, doesn't describe me at all</i>
19. I am basically a healthy person	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2

TODAY would you have any physical trouble or difficulty:	<i>None</i>	<i>Some</i>	<i>A Lot</i>
24. Walking up a flight of stairs	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
25. Running the length of a football field	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2

DURING THE PAST WEEK: How much trouble have you had with:	<i>None</i>	<i>Some</i>	<i>A Lot</i>
27. Hurting or aching in any part of your body	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2

DURING THE PAST WEEK: How often did you:	<i>None</i>	<i>1-4 Days</i>	<i>5-7 Days</i>
33. Stay home, in a nursing home, or in a hospital because of sickness, injury, or other health problem?	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2

Mental Health

Depression and Anxiety

	Yes, describes me exactly	Somewhat describes me	No, doesn't describe me at all
17. I like who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am not an easy person to get along with	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
20. I give up too easily	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
21. I have difficulty concentrating	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22. I am happy with my family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am comfortable being around people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

DURING THE PAST WEEK: How much trouble have you had with:	None	Some	A Lot
26. Sleeping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
28. Getting tired easily	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
29. Feeling depressed or sad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
30. Nervousness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2




DURING THE PAST WEEK: How often did you:	None	Some	A Lot
31. Socialize with other people (talk or visit with friends or relatives)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Take part in social, religious, or recreation activities (meetings, church, movies, sports, parties)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma and Suicide

34. Have you ever in your lifetime, experienced anything that was unusually or especially frightening, horrible, or traumatic? (such as an assault, combat, or other threatening experience)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, was the experience so frightening, horrible, or upsetting that...			
35. In the <u>past 30 days</u> you had any nightmares about it or thought about it when you did not want to?	<input type="checkbox"/> Yes	1	<input type="checkbox"/> No
36. In the <u>past 30 days</u> you tried hard not to think about it or went out of your way to avoid situations that remind you of it?	<input type="checkbox"/> Yes	1	<input type="checkbox"/> No
37. In the <u>past 30 days</u> you were constantly on guard, watchful, or easily startled?	<input type="checkbox"/> Yes	1	<input type="checkbox"/> No
38. In the <u>past 30 days</u> you felt numb or detached from others, activities, or your surroundings related to the experience?	<input type="checkbox"/> Yes	1	<input type="checkbox"/> No
<i>Possible Referral for Mental Health Treatment if sum of Q. 35-38 (purple-shaded responses) ≥ 3</i>			
Please select one response only for the following questions...			
39. Have you ever thought about or attempted to kill yourself?	Never <input type="checkbox"/> 1	Brief Passing Thought <input type="checkbox"/> 2	Had a Plan <input type="checkbox"/> 3
			Attempted <input type="checkbox"/> 4
40. How often have you thought about killing yourself in the past year?	Never <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3
			Often <input type="checkbox"/> 4
			Very Often <input type="checkbox"/> 5

Substance Use

Alcohol Use

Use the chart to the right as a guide for the following questions:	One drink =	 12oz. Beer	or	 5oz. Wine	or	 1.5oz. Liquor (one shot)
41. How often do you have a drink containing alcohol, including beer or wine?	Never <input type="checkbox"/> 0	1 Time a Month or Less <input type="checkbox"/> 1	2-4 Times a Month <input type="checkbox"/> 2	2-3 Times a Week <input type="checkbox"/> 3	4 Times a Week <input type="checkbox"/> 4	5 or More Times a Week <input type="checkbox"/> 4
42. How many drinks containing alcohol do you have on a <i>typical day</i> when you are drinking?	None, I Don't Drink <input type="checkbox"/> 0	1 or 2 <input type="checkbox"/> 0	3 or 4 <input type="checkbox"/> 1	5 or 6 <input type="checkbox"/> 2	7 to 9 <input type="checkbox"/> 3	10 or More <input type="checkbox"/> 4
43a. If FEMALE , how often did you have four (4) or more drinks on one drinking occasion this <u>past year</u> ?	Never <input type="checkbox"/> 0	Less than Once a Month <input type="checkbox"/> 1	Once a Month <input type="checkbox"/> 2	Once a Week <input type="checkbox"/> 3	2 or 3 Times a Week <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4
43b. If MALE , how often did you have five (5) or more drinks on one drinking occasion this <u>past year</u> ?	Never <input type="checkbox"/> 0	Less than Once a Month <input type="checkbox"/> 1	Once a Month <input type="checkbox"/> 2	Once a Week <input type="checkbox"/> 3	2 or 3 Times a Week <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4

Tobacco Use

44. Have you used any tobacco products in the <u>past 30 days</u> ? (cigarettes, cigars, chewing tobacco, little cigars, smokeless tobacco, etc.)	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0		
a. If Yes, how often do you use tobacco products?	Daily or Almost Daily <input type="checkbox"/> 3	Weekly <input type="checkbox"/> 2	Monthly <input type="checkbox"/> 1	Less than Monthly <input type="checkbox"/> 0

Illicit and Prescription Drug Use

45. Have you used drugs such as marijuana, heroin, cocaine, LSD, etc.?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0
a. If in the <u>past 3 months</u> , check all that apply:				
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Heroin	<input type="checkbox"/> Cocaine/Crack		
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Inhalants	<input type="checkbox"/> Other (specify):		
	Ever?		In the past 3 months?	
46. Have you taken any prescription medication <u>only</u> for the feeling or experience it caused?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0
47. Have you taken any prescription medication <u>not prescribed for you</u> or <u>in ways it was not prescribed</u> ?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0

Sex/Drug-Linked Behavior (Substance Use and HIV/ID Risk)

If you have ever used alcohol or drugs...		
50. In the <u>past 12 months</u> , have you had sex while high, intoxicated or drunk?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0
51. Do you feel more free to be sexual when you are high on drugs or alcohol?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0
52. Do you feel too self-conscious to enjoy sex when sober?	<input type="checkbox"/> Yes 2	<input type="checkbox"/> No 0
53. Are you convinced that your sexual activity is a significant concern for your recovery?	<input type="checkbox"/> Yes 2	<input type="checkbox"/> No 0

HIV/ID Risk

Risky Sexual Behavior

54. Have you been sexually active with another person in the <u>past 12 months</u> ?		<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0
55. In the <u>past 12 months</u> , how many of your sexual partners have been... (specify number of partners)		56. In the <u>past 12 months</u> , have you had sex with... (check all that apply)	
Male		<input type="checkbox"/> Main Partner (e.g., spouse, boyfriend, girlfriend)	1
Female		<input type="checkbox"/> Casual Partner	1
Transgender Male to Female		<input type="checkbox"/> Anonymous Partner	2
Transgender Female to Male		<input type="checkbox"/> HIV+ Partner	2
Intersex Persons		<input type="checkbox"/> Partner of Unknown HIV Status	2
		<input type="checkbox"/> Intravenous Drug User	2
		<input type="checkbox"/> MSM (man who has sex with men)	2
57. In the <u>past 12 months</u> , when you have sex with other people, how often do you or your sex partners use condoms or other barriers like dental dams, gloves, etc.?			
<input type="checkbox"/> Always 0	<input type="checkbox"/> Sometimes 1	<input type="checkbox"/> Never 1	<input type="checkbox"/> Not Applicable 0
58. Have you ever had sex in exchange for drugs, alcohol, money, or something you needed?		<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0
59. Have you ever had sex with someone who exchanges sex for drugs, alcohol, money, etc.?		<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0 <input type="checkbox"/> Don't Know 1
60. Were (are) any of your sexual partners in the last 12 months, also having sex with other people?		<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0 <input type="checkbox"/> Don't Know 1
Possible Referral for HIV/ID Testing if Q.54-60 (pink-shaded responses) ≥ 3 ; Sexual Risk Reduction Counseling ≥ 5			

Other HIV/STI Risk Behavior (Prison, Injection Drug Use, Needle Sharing)

10. Have you been in jail or prison in the <u>past 12 months</u> ?			
<input type="checkbox"/> Yes	1	<input type="checkbox"/> No	0
<input type="checkbox"/> Prefer Not to Answer	1		
48. For non-medical use only, have you injected drugs, steroids, or hormones?		<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0
49. Have you shared injection equipment (e.g., needles, works) or tattoo/piercing equipment?		<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0

HIV/Infectious Disease Testing and Treatment History

HIV Testing and Treatment

62. Have you ever been tested for HIV?		<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Declined
a. What was the date of your last HIV Test?		If you received a positive test result...			
Month/Year <input type="text"/>		i. Are you currently receiving medical care/treatment for HIV?			
		<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No		
b. What was the result of this HIV Test?		ii. If you are prescribed HIV medications, do you take them as prescribed?			
<input type="checkbox"/> Positive	<input type="checkbox"/> Preliminary Positive	<input type="checkbox"/> N/A <i>(not prescribed)</i> ₀			
<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No		
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Declined				

Infectious Disease Testing

Have you been tested for the following in the past 12 months ...					
63. Gonorrhea	<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁		
64. Chlamydia	<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁		
65. Syphilis	<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁		
66. Hepatitis C (HCV)	<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁		
67. Hepatitis B (HBV)	<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁		
68. Tuberculosis (TB)	<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁		
69. Other (e.g., HPV, Trichomoniasis)	<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁		
If you have EVER been tested (even if prior to 12 months ago), what was the result of your most recent test?					
70. Gonorrhea	<input type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Never Tested ₁	
71. Chlamydia	<input type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Never Tested ₁	
72. Syphilis	<input type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Never Tested ₁	
73. Hepatitis C (HCV)	<input type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Never Tested ₁	
74. Hepatitis B (HBV)	<input type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Never Tested ₁	
75. Tuberculosis (TB)	<input type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Never Tested ₁	
76. Other:	<input type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Never Tested ₁	

Tuberculosis Symptoms

16. Have you had a cough, drenching night sweats, or unexplained weight loss for two weeks or more ?	<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀
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General Tips for Administration

- **Be familiar with the *No Wrong Door Integrative Screener*.** Familiarity with content, flow, and formatting will lend to greater comfort in administering the screener using a conversational style.
- **Prepare ahead of time.** Be familiar with reading the instructions to your client at the top of page one and anticipate what other questions your client might have. For example, you may want to address the following:
 - a) *Length*: “This part of the interview will take about 15 minutes.”
 - b) *Confidentiality* (based on your agency/program policies): “Your answers are completely confidential and will be kept in your secured file.”
 - c) *Honesty*: “Please answer each item as honestly as you can. If you cannot answer an item comfortably, we can come back to it or skip it”.
- **Provide an understanding, non-judgmental space.** These topics may be sensitive for clients. Allowing clients to explore their experiences and responses to questions is encouraged. It will be important to create a safe environment in order to promote honest responding.
- **Be mindful of transitions between question content.** This screener includes questions from multiple content areas. Questions with the same content are grouped together; therefore, alerting the client to the shift in topic may be helpful in making administration smoother.
 - Transitioning into questions about alcohol use:
“Now I’m going to ask you some questions about your use of alcohol and other substances.”
 - Transitioning into questions about suicide risk:
“Earlier you mentioned you feel sad or depressed some of the time, have you ever had thoughts of wanting to kill yourself?”
 - Transitioning into questions about sexual health:
“For this next set of questions, I’ll be asking you about your sexual practices.”
- **Be aware of time frames.** Questions throughout the screener have varying time frames. Repeating the time frame for each question and highlighting when there is a change in time frame will help the client remain oriented and respond accurately.
 - For example, trauma questions refer to symptoms in the last 30 days; you can remind a client by stating “We will now be discussing any traumatic experiences you may have had and these questions will be referring to your experiences in the last 30 days”.
- **Use response cards when necessary.** Some questions use the same response options. Supplementary response cards that display these options are available (see page 95 in [Additional Resources](#)). These cards can be helpful to remind the client of their response choices.
- **Be prepared to answer common questions, use synonyms, and refer to resource sheets.** Additional resources for information regarding standard drinks, drug terminology, HIV testing options, and a glossary of terms can be found on page 102 in the [Additional Resources](#) section.
- **Be mindful of the distinction between sexual *orientation* and sexual *practices*.** This is important to best understand client sexual risk. Sexual orientation refers to a person’s emotional, sexual, and/or relational attraction to others. Some people may also identify by the practices in which they engage (e.g., men who have sex with men, women who have sex with women).

Question 61 (“What is your sexual orientation?”) addresses sexual orientation and sexual practices, and includes nine (9) response options. Clients are asked to indicate all items that apply to them in order to comprehensively capture one’s sexual identity.

- **The questions do not have to be read word for word.** While it is recommended that the screener be followed closely, the wording is not strict; if a client does not understand a question or the provider wants to personalize the way they ask a question, this can be helpful.

Please select one response only for the following questions...

39. Have you ever thought about or attempted to kill yourself?	Never <input type="checkbox"/> 1	Thought of Passing Thought	Had a Plan	Attempted <input type="checkbox"/> 4
40. How often have you thought about killing yourself in the past year?	Never <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Often <input type="checkbox"/> 3	Very Often <input type="checkbox"/> 5

Possible Referral for Mental Health Treatment

*Have you ever thought about killing yourself?
Did you have a plan?
Did you attempt?*

IMPORTANT

If a client is in crisis (e.g. actively suicidal) use clinical judgment to determine if it is appropriate to continue. The remaining questions can help provide a more complete picture of the client, but it is important to ask the client if they feel comfortable continuing if they endorse these items.

43a. If FEMALE , how often did you have four (4) or more drinks on one drinking occasion this <u>past year</u> ?	Never <input type="checkbox"/> 0	Less than Once a Month <input type="checkbox"/> 1	Once a Month <input type="checkbox"/> 2	Once a Week <input type="checkbox"/> 3	2 or 3 Times a Week <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4
43b. If MALE , how often did you have five (5) or more drinks on one drinking occasion this <u>past year</u> ?	Never <input type="checkbox"/> 0	Less than Once a Month <input type="checkbox"/> 1	Once a Month <input type="checkbox"/> 2	Once a Week <input type="checkbox"/> 3	2 or 3 Times a Week <input type="checkbox"/> 3	Daily or Almost Daily <input type="checkbox"/> 4

In the last year, how often did you have four (five) or more drinks on one drinking occasion?

IMPORTANT

Questions 43a/b refer to the client’s biological sex (sex assigned at birth). This question pertains to the metabolic and chemical processes relevant for metabolizing alcohol, which differs by biological sex. Although hormone therapy may have some impact on fat distribution, there is little research to suggest that it affects the metabolism of alcohol, and thus biological sex is the more accurate method of assessing problematic drinking (Dimeff, Baer, Kivlahan, & Marlatt, 1999). The provider does not need to include “if male” or “if female” when asking the question—it may confuse or offend the client. Referring to how the client responded to question 7 (What sex were you assigned at birth?) can be used to dictate which item to ask the client.

Have you ever used drugs such as marijuana...? Did you use any in the past 3 months? If so, which ones?

45. Have you used drugs such as marijuana, heroin, cocaine, LSD, etc.?	Ever?		In the past 3 months?		
	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	
a. If in the <u>past 3 months</u> , check all that apply:					
<input type="checkbox"/>	Marijuana	<input type="checkbox"/>	Heroin	<input type="checkbox"/>	Cocaine/Crack
<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>	Inhalants	<input type="checkbox"/>	Other (specify):

You mentioned that you used _____. Have you had sex while you were using? Were you feeling high or drunk at the time?

If you have ever used alcohol or drugs...

50. In the past 12 months, have you had sex while high, intoxicated or drunk? Yes 1 No 0

55. In the past 12 months, how many of your sexual partners have been...
(specify number of partners)

Male	
Female	
Transgender	
Male to Female	
Transgender	
Female to Male	
Intersex Persons	

In the past 12 months, how many sexual partners have you had? Of these, how many were male? Female? Etc...

This is the last set of questions. I'm going to read you a list of STIs and other infectious diseases, if you could, tell me which of these you have been tested for in the past 12 months.

Have you been tested for the following in the past 12 months...

63. Gonorrhea				
64. Chlamydia				
65. Syphilis	<input type="checkbox"/>			Don't Know 1
66. Hepatitis C (HCV)	<input type="checkbox"/> Yes 0	<input type="checkbox"/> No 1	<input type="checkbox"/> Don't Know 1	
67. Hepatitis B (HBV)	<input type="checkbox"/> Yes 0	<input type="checkbox"/> No 1	<input type="checkbox"/> Don't Know 1	
68. Tuberculosis (TB)	<input type="checkbox"/> Yes 0	<input type="checkbox"/> No 1	<input type="checkbox"/> Don't Know 1	
69. Other (e.g., HPV, Trichomoniasis)	<input type="checkbox"/> Yes 0	<input type="checkbox"/> No 1	<input type="checkbox"/> Don't Know 1	

If you have EVER been tested (even if prior to 12 months ago), what was the result of your most recent test?

70. Gonorrhea	<input type="checkbox"/> Positive 1	<input type="checkbox"/> Negative 0	<input type="checkbox"/> Don't Know 1	<input type="checkbox"/> Never Tested 1
71. Chlamydia	<input type="checkbox"/> Positive 1	<input type="checkbox"/> Negative 0	<input type="checkbox"/> Don't Know 1	<input type="checkbox"/> Never Tested 1
72. Syphilis	<input type="checkbox"/> Positive 1	<input type="checkbox"/> Negative 0	<input type="checkbox"/> Don't Know 1	<input type="checkbox"/> Never Tested 1
73. Hepatitis C (HCV)	<input type="checkbox"/> Positive 1	<input type="checkbox"/> Negative 0	<input type="checkbox"/> Don't Know 1	<input type="checkbox"/> Never Tested 1
74. Hepatitis B (HBV)	<input type="checkbox"/> Positive 1	<input type="checkbox"/> Negative 0	<input type="checkbox"/> Don't Know 1	<input type="checkbox"/> Never Tested 1
75. Tuberculosis (TB)	<input type="checkbox"/> Positive 1	<input type="checkbox"/> Negative 0	<input type="checkbox"/> Don't Know 1	<input type="checkbox"/> Never Tested 1
76. Other:	<input type="checkbox"/> Positive 1	<input type="checkbox"/> Negative 0	<input type="checkbox"/> Don't Know 1	<input type="checkbox"/> Never Tested 1

Possible Referral for HIV

OK...of those STIs you said you have been tested for in the past year, what was the result of the test(s)? Of those you haven't been tested for in the past year, have you ever been tested? If so, what was the result of your most recent test?

Optional Modules

In addition to the health domains addressed in the *NWD Integrative Screener*, optional modules have been developed to screen for additional areas that may be relevant to specific agencies or client populations. A provider can use one or more of these modules as they are relevant to the client.

Stigma Module

This module address perceived stigma in four specific areas including: mental health, substance use, positive HIV status, and men who have sex with men (MSM). These areas represent highly stigmatized populations and perceptions of stigma may impact an individual's readiness to address and receive care for relevant health concerns. The Stigma Module must be administered as an interview only!

If the client endorsed any mental or emotional health concerns, ask how much he/she agrees with the following...				
I am embarrassed or ashamed that I have mental or emotional health concerns.	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
I feel inferior to others who don't have mental or emotional health concerns.	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
I feel out of place in the world because I have mental or emotional health concerns.	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
If the client endorsed any substance use problems, ask how much he/she agrees with the following...				
I use substances because of...	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
...that I...	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
...of the world because I...	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
If the client endorsed having a positive HIV status, ask how much he/she agrees with the following...				
I feel guilty/ashamed because of my positive HIV status.	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
People's attitudes toward my positive HIV status make me feel worse about myself.	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
I work hard to keep my positive HIV status a secret.	Strongly Disagree <input type="checkbox"/> 0	Disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly Agree <input type="checkbox"/> 2
If the client endorsed being an MSM (man who has sex with men), ask how often he has experienced the following...				
How often have you heard that because you have sex with men you are not normal?	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	A Few Times <input type="checkbox"/> 2	Many Times <input type="checkbox"/> 3
How often have you felt that because you have sex with men you have hurt or embarrassed your family?	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	A Few Times <input type="checkbox"/> 2	Many Times <input type="checkbox"/> 3
How often have you had to pretend that you do not have sex with men in order to be accepted?	Never <input type="checkbox"/> 0	Once or Twice <input type="checkbox"/> 1	A Few Times <input type="checkbox"/> 2	Many Times <input type="checkbox"/> 3
Ask client if there are any other concerns with discussing any items from this interview with their provider, accessing treatment, or accepting a referral.				

These questions refer to your experiences with the mental health symptoms you endorsed earlier.

**Items included in the Stigma Module are adapted from the Berger HIV Stigma Scale, Internalized Stigma of Substance Abuse and Internalized Stigma of Mental Health Inventory.*

Serious Mental Illness Module

This module includes items that screen for psychosis and mania. These questions refer to experiences when the client is *not* under the influence of alcohol or drugs. Positive screens in these areas indicate more serious mental illness risk, it is important to make appropriate referrals for such needs. **The Serious Mental Illness Module must be administered as an interview only!**

Psychosis Screening Items:				
<i>Over the past 3-6 months, when not using drugs or alcohol...</i>	Not at all	Rarely	Sometimes	A lot
1. ...have you heard noises or voices that others say they don't hear?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. ...have you believed others are against you or are watching you?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. ...have you felt out of touch or very different from other people?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. ...have you felt as if someone or something else controls you or your thoughts?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>If sum of Q. 1-4 ≥ 4, possible referral needed for Mental Health (Psychosis Assessment)</i>				
Mania Screening Items:				
<i>Over the past 3-6 months, when not using drugs or alcohol...</i>	Not at all	Rarely	Sometimes	A lot
5. ...have you had feelings of being super up and full of energy?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. ...have your thoughts seemed to race or go too fast?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. ...have you ever went without sleep because you had so much energy?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. ...have you acted impulsively or without thinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. ...have you sometimes felt very powerful?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. ...have you moved from task to task quickly, sometimes without finishing what you started?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>If sum of Q. 5-10 ≥ 8, possible referral needed for Mental Health (Mania Assessment)</i>				

**These items are taken the Baltimore Mental Health Systems Co-occurring Symptom Severity Index Screening Form.*

Gambling Module

This module can be useful to identify individuals who may have problematic gambling habits. The Gambling Module can be administered in an interview format or via self-report.

For the following questions, gambling can be considered any of the following:		
• Playing cards for money	• Buying lottery tickets or playing bingo or KENO	
• Betting on horses or dogs or sports	• Gambling at a casino, including playing the slot machines	
• Playing the stock or commodities market		
1. Have you gambled 5 or more times in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes"...		
2. During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?	<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀
3. During the past 12 months, have you tried to keep your friends or family from knowing how much you gambled?	<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀
4. During the past 12 months, did you have such financial trouble that you had to get help from family or friends?	<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀
<i>Possible problematic gambling (Addictions Referral) if sum of Q. 2-4 (green-shaded responses) ≥ 1</i>		

**These items are taken from the Brief Bio-social Gambling Screen.*

PAPER-AND-PENCIL ADMINISTRATION

Paper-and-Pencil Administration

There are two different versions of the *NWD Integrative Screener* that can be administered using paper-and-pencil format.

- **Provider/Interview Format** requires a provider to read each item to the client and record the client's responses on the screener.
- **Client/Self-report Format** requires the client to read through the screener, fill-in open-ended responses and check responses for the multiple choice questions on the screener.

The *NWD Integrative Screener* has two ways of collecting information: 1) Text boxes for open-ended questions (brown-shaded boxes where clients write in responses) and 2) Multiple choice (check boxes where clients check off the correct answer).

Text boxes:

These are shaded brown to distinguish from other cells. You will need to handwrite the responses to these items in the space provided.

Brown Shaded Cells = insert response		
Date:	4/7/15	Name: Derek S.
Date of Birth:	7/10/95	Agency Name: CCC
Age:	19	Provider Initials: LET
2. Country of Origin:	USA	3. What is your primary language?
		English

Check boxes:

Place a check in the appropriate box to designate a response.

4. Length of time living in the U.S.: <input type="checkbox"/> <1 year <input type="checkbox"/> 6-10 years <input type="checkbox"/> Declined <input type="checkbox"/> 1-5 years <input type="checkbox"/> 10+ years <input checked="" type="checkbox"/> N/A (born in U.S.)	5. Race (check all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> Prefer Not to Answer
6. Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Not to Answer	

Some questions may require more than one response.

Visual Scoring: Using Shading and Point Values on the NWD Integrative Screener

Following the paper-and-pencil administration, the client responses can be entered into the electronic version so that the automatic scoring and additional feedback can be utilized. However, if a computer is unavailable, a paper version can be scored using one of the following mechanisms:

- 1) **Referral Indicators.** These are included on the provider format of the screener beneath each subcategory (e.g., trauma, illicit drug use), allowing providers to “score as you go” during the interview. Using the shading and point values, providers can determine the client’s level of functioning and identify referral needs for each health domain based on the cut-off scores listed.

	Ever?	In the past 3 months?
45. Have you used drugs such as marijuana, heroin, cocaine, LSD, etc.?	<input checked="" type="checkbox"/> Yes 1 <input type="checkbox"/> No 0	<input checked="" type="checkbox"/> Yes 1 <input type="checkbox"/> No 0
a. If in the <u>past 3 months</u> , check all that apply:		
<input checked="" type="checkbox"/> Marijuana	<input checked="" type="checkbox"/> Heroin	<input type="checkbox"/> Cocaine/Crack
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Inhalants	<input type="checkbox"/> Other (specify):
46. Have you taken any prescription medication only for the feeling or experience it caused?	<input checked="" type="checkbox"/> Yes 1 <input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1 <input checked="" type="checkbox"/> No 0
47. Have you taken any prescription medication <u>not</u> for you or in ways it was not prescribed?	<input checked="" type="checkbox"/> Yes 1 <input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1 <input checked="" type="checkbox"/> No 0
48. For medical use only, have you injected needles, syringes, or hormones?	<input checked="" type="checkbox"/> Yes 1 <input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1 <input checked="" type="checkbox"/> No 0
49. Have you shared injection equipment (e.g., needles, syringes) or tattoo/piercing equipment?	<input type="checkbox"/> Yes 1 <input checked="" type="checkbox"/> No 0	<input type="checkbox"/> Yes 1 <input checked="" type="checkbox"/> No 0
Possible Referral for Substance Abuse Treatment if Q. 45-47 (past 3mo only) (green-shaded responses) = Yes <input checked="" type="checkbox"/>		
Possible Referral for HIV/ID Testing if Q. 48-49 (pink-shaded responses) = Yes <input checked="" type="checkbox"/>		
If you have ever used alcohol or drugs...		
50. In the past 12 months, have you had sex while high, intoxicated or drunk?	<input checked="" type="checkbox"/> Yes 1 <input type="checkbox"/> No 0	<input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 0
51. Do you feel more free to be sexual when you are high on drugs or alcohol?	<input checked="" type="checkbox"/> Yes 1 <input type="checkbox"/> No 0	<input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 0
52. Do you feel too self-conscious to enjoy sex when sober?	<input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 0	<input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 0
53. Are you convinced that your sexual activity is a significant concern for your recovery?	<input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No 0	<input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 0
Possible Referral for Sexual Health Programming & HIV/ID Testing if Q.50-53 (orange-shaded responses) ≥ 2 <input checked="" type="checkbox"/>		

The point values for each response option mirror the shading structure, with higher point values assigned to responses that indicate greater risk/symptom severity.

On each page (interview format), Referral Indicator statements are displayed to easily identify whether a referral is warranted.

The shading indicates the corresponding health domain as well as the degree of risk; darker shading indicates greater symptom severity.

- 2) **One Page Scoring Sheet.** This sheet is helpful when using the client self-report format of the screener when referral indicators are not included on the screener. The point values and cut-off scores on the one-page scoring sheet mirror those on the interview (provider) format version. When completing this **One Page Scoring Sheet**, do the following:

- a. Transfer the client’s responses from the completed screen onto this sheet
- b. Sum the categories
- c. Determine if the referral criteria have been met

Displayed on the next page is the **One Page Scoring Sheet** that includes all of the relevant items and specific cutoff guidelines, mirroring the **Referral Indicators**. For categories meeting the criteria for a needed referral, it is recommended that the provider address this when arriving at the **Interview Page**, illustrated on page 35 of this manual.

IMPORTANT

Neither of these methods include the more complex algorithms for HIV/STI testing that are included in the electronic version. Refer to the **Guidance for HIV & Other Infectious Disease Testing Referrals** on page 92 in [Additional Resources](#) to guide testing recommendations.

No Wrong Door Integrative Screener v. 3.0 – One Page Scoring Sheet

No Wrong Door Integrative Screener v. 3.0 – One Page Scoring Sheet

Primary Care Referral (pg. 2)

Primary Care Referral (pg. 2):

13 = _____ (Yes = 0, No = 1)

If 'No', **Primary Care Referral Recommended**

14 = _____ (Date of last doctor's visit)

If response ≥ 1 year ago, **Primary Care Referral Recommended**

15a = _____ (Y = 0, N = 1, DK = 1)

If response = 1, **Prenatal Care Referral Recommended**

Physical Health Referral (pg. 2):

19 = _____ (0 / 1 / 2)

24 = _____ (0 / 1 / 2)

25 = _____ (0 / 1 / 2)

27 = _____ (0 / 1 / 2)

33 = _____ (2 / 1 / 0)

SUM = _____ If sum ≥ 5 , **Physical Health Referral Recommended.**

Mental Health Referral (pg. 2 & 3)

Anxiety Referral (pg. 2):

18 = _____ (2 / 1 / 0)

21 = _____ (2 / 1 / 0)

23 = _____ (0 / 1 / 2)

26 = _____ (0 / 1 / 2)

28 = _____ (0 / 1 / 2)

30 = _____ (0 / 1 / 2)

SUM = _____ If sum > 4 , **Mental Health Treatment Referral Recommended.**

Depression Referral (pg. 2):

20 = _____ (2 / 1 / 0)

21 = _____ (2 / 1 / 0)

26 = _____ (0 / 1 / 2)

28 = _____ (0 / 1 / 2)

29 = _____ (0 / 1 / 2)

SUM = _____ If sum > 3 , **Mental Health Treatment Referral Recommended.**

Anx/Dep Referral (pg. 2):

20 = _____ (2 / 1 / 0)

21 = _____ (2 / 1 / 0)

23 = _____ (0 / 1 / 2)

26 = _____ (0 / 1 / 2)

28 = _____ (0 / 1 / 2)

29 = _____ (0 / 1 / 2)

SUM = _____ If sum ≥ 5 , **Mental Health Treatment Referral Recommended.**

Trauma (pg. 3):

35 = _____ (Yes = 1, No = 0)

36 = _____ (Yes = 1, No = 0)

37 = _____ (Yes = 1, No = 0)

38 = _____ (Yes = 1, No = 0)

SUM = _____ If sum ≥ 3 , **Mental Health Treatment Referral Recommended**

Suicide (pg. 3):

39 = _____ (1 / 2 / 3 / 4)

40 = _____ (1 / 2 / 3 / 4 / 5)

SUM = _____ If sum ≥ 3 , **Mental Health Treatment Referral Recommended**

Substance Use Related Referrals (pg. 3 & 4)

Alcohol Use (pg. 3):

41 = _____ (0 / 1 / 2 / 3 / 4 / 4)

42 = _____ (0 / 0 / 1 / 2 / 3 / 4)

43 = _____ (0 / 1 / 2 / 3 / 3 / 4)

SUM = _____ If sum ≥ 3 (female) or 4 (male), **Substance Abuse Treatment Referral Recommended**

Illicit/Prescription Drug Abuse (pg. 4):

45-3mos = _____ (Yes = 1, No = 0)

46-3mos = _____ (Yes = 1, No = 0)

47-3mos = _____ (Yes = 1, No = 0)

SUM = _____ If sum ≥ 1 , **Substance Abuse Treatment Referral Recommended**

Tobacco Use (pg. 3):

44 = _____ (Yes = 1, No = 0)

44a = _____ (3 / 2 / 1 / 0)

SUM = _____ If sum ≥ 3 , **Tobacco Cessation Services Referral Recommended**

Sex/Drug-Linked Behavior (pg. 4):

50 = _____ (Yes = 1, No = 0)

51 = _____ (Yes = 1, No = 0)

52 = _____ (Yes = 2, No = 0)

53 = _____ (Yes = 2, No = 0)

SUM = _____ If sum ≥ 2 , **HIV/ID Testing, Sexual Risk Reduction Counseling, & Sexual Health in Recovery Referrals Recommended**

HIV & Infectious Disease Risk (p. 4 & 5)

Sexual Behaviors (pg. 4-5):

54 = _____ (Yes = 1, No = 0)

55 = _____ (0-1 partners = 0, ≥ 2 partners = 1)

56 = _____ (1 / 1 / 2 / 2 / 2 / 2 / 2)

57 = _____ (0 / 1 / 1 / 0)

58 = _____ (Yes = 1, No = 0)

59 = _____ (Y = 1, N = 0, DK = 1)

60 = _____ (Y = 1, N = 0, DK = 1)

SUM = _____ If sum = 3-4, low exposure risk, **HIV/ID Testing Recommended**; If sum ≥ 5 , moderate-to-high exposure risk, **HIV/ID Testing & Risk Reduction Counseling Recommended**

HIV Treatment (pg. 5):

62b-i = _____ (Yes = 0, No = 1)

62b-ii = _____ (Yes = 0, No = 1)

SUM = _____ If sum ≥ 1 , **HIV Treatment/Care Referral Recommended**

HIV/ID Testing History (pg. 5):

HIV/ID Testing Recommended if no testing for HIV/IDs in past 12mos/ever/unsure, OR result of most recent test for any ID is positive/unknown, OR if items below are Yes(1)

10 = _____ (Yes=1, No=0, Prefer not to answer=1)

16 = _____ (Yes=1, No=0)

48 = _____ (Yes=1, No=0)

49 = _____ (Yes=1, No=0)

*See manual for complete list of HIV/ID risk factors to consider for a testing referral.

Providing Feedback to Client

After administering and scoring a completed screen, the next step is to compile all of the recommended referrals in one place: the Interview Page.

Interview Page

To use the **Interview Page**, follow the steps below:

1. Transfer identified referrals needed from the **Referrals Indicators** or the **One Page Scoring Sheet** to the **Interview Page**, by checking off (in the “referral needed” column) the categories that met criteria for a referral.
2. For each health domain where the referral criteria has been met, ask the client the readiness question to assess how ready they are to receive a referral.
3. Ask the client if they have previously received treatment for substance abuse or mental health concerns (questions 77 and 78 in the screener).
4. Depending on the client’s readiness level, use brief intervention skills to discuss each of the recommended referrals. For more information on specific skills on conducting brief interventions and guidance on how to make an effective referral refer to the [Completed Screen: What Happens Next?](#) section, starting on page 50 of this manual.

Use the **Referral Indicators** and/or the **One Page Scoring Sheet** to determine what referrals are needed. Then fill in the additional columns based on client’s readiness to accept the referrals identified.

77. Have you ever received treatment for substance abuse?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No									
78. Have you ever received treatment for mental health concerns?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No									
REFERRAL OPTIONS	Referral Needed?	Agreed to Referral?	Referral Made?								
Primary/Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Mental Health Treatment (ask Q. 78 if referral needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Substance Abuse Treatment (ask Q.77 if referral needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Tobacco Cessation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Sexual Risk Reduction Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Sexual Health in Recovery (Sexual Health Programming)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
HIV Medical Care/Treatment Adherence Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
HIV & Other Infectious Disease Testing & Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Other (e.g., homelessness services):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
READINESS : "On a scale of 1-10 (1 = not at all and 10 = very) how interested/ready are you to begin discussing your"											
79. Physical Health/Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
80. Mental/Emotional Health (refer to Q. 78)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
81. Substance Use (refer to Q. 77)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
82. Sexual Risk Behaviors/Infectious Disease Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
83. HIV/Infectious Disease Testing & Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Interviewer Action:											
<i>Motivate</i>						<i>Plan & Refer</i>					
Additional Notes (refer to client additional comments on page 6):											
Patient complains of stomach pain, possibly related to HIV but recommended seeing PCP for further evaluation.											
Provider Completing Screener: <i>[Signature]</i>										Date: 2/29/2011	
Supervisor Review:										Date:	

Readiness should be assessed for each identified referral need.

Refer to the section on Brief Interventions on how to effectively discuss readiness with your client.

The client’s readiness rating will determine the provider’s course of action – motivate or plan & refer.

Concluding Steps

Congratulations! Up to this point a lot has been covered:

- 1) How to use the Screener to determine areas in which referrals are recommended;
- 2) Conducting the provider and client discussion about readiness to address recommended areas for referral; and
- 3) Working with the client to carry-out certain recommended referrals that s/he has agreed to.

Final Discussion Using Client Summary Sheet

Before the client leaves, the final step is to use the **Client Summary Sheet** to summarize the information obtained so far and to clarify next steps.

A preview and exploration of the **Client Summary Sheet** is illustrated on page 36-37. This one-page document summarizes for the client their:

- Own risks/concerns for their health (Section 1)
- Individual strengths (Section 2)
- Referrals that have been made (Section 3)
- Next action steps (Section 4)

Client Summary Sheet		
Name: <u>Derek S.</u>	DOB: <u>7/10/1995</u>	Date: <u>4/7/2015</u>
ID: <u>3354</u>	Age: <u>19</u>	Agency: <u>ccc</u>
<p><i>This screen looks at many health areas. Here are some of your strengths identified in the screen:</i></p> <p><u>Good social support</u></p>		
Section 1		
<p><i>Client interests:</i></p> <p><u>Spend time with partner ; Listen to music ; play basketball</u></p>		
<p><i>Your answers also show concerns and health risks listed below:</i></p>		
<p>Physical Health/Medical Care: <u>No recent physical ; some pain</u></p>		
<p>Mental/Emotional Health: <u>Nervousness ; low mood</u></p>		
<p>Substance Abuse: <u>Risky alcohol & heroin use</u></p>		
<p>Infectious Disease Risk: <u>Multiple, anonymous partners</u></p>		
<p><i>Based on the above concerns and being ready to get help, a referral has been made for:</i></p>		
Section 3	<p><i>Here are some next steps for you to take:</i></p> <p><u>1) Appointment for testing Monday @ 2pm</u></p> <p><u>2)</u></p> <p><u>3)</u></p>	
		Section 4
<p><input checked="" type="checkbox"/> Primary/Medical Care</p> <p><input type="checkbox"/> Mental Health Treatment</p> <p><input type="checkbox"/> Substance Abuse Treatment</p> <p><input type="checkbox"/> Tobacco Cessation Services</p> <p><input type="checkbox"/> Sexual Risk Reduction Counseling</p> <p><input type="checkbox"/> Sexual Health in Recovery (Sexual Health Programming)</p> <p><input checked="" type="checkbox"/> HIV Medical Care/Treatment Adherence Support</p> <p><input checked="" type="checkbox"/> HIV/Infectious Disease Testing & Counseling</p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Other: _____</p>		

Section 1: Remember to emphasize client strengths!

We realize that people are multi-faceted, resilient in different ways, and instilled with their own strengths; these will need to be emphasized when encouraging clients to address health risks in their lives. The first section displays identified strengths and interests that can be discussed with the client. In this paper and pencil version, the provider should identify and write items into this section.

- The provider may want to choose from resiliency factors coming from questions 17-18, 20-23, 29-32 in the screener, relating to socialization, self-esteem, and family factors.
- In addition, the provider can draw from what was discussed outside of the screening items.
- If strengths are still hard to identify, it should be acknowledged that the client has come to the clinic/agency and demonstrates some interest in addressing health concerns.
- Finally, the provider can complete the “Client Interests” section by reviewing client-identified interests and coping skills from the open-ended items on pg. 6 of the Screener. It may be helpful to write in the client’s voice, such as “I like to go swimming, hang out with friends, and visit with my family.”

Section 2: Mark each of the client health risk areas that correspond to the referral categories specified on the **Interview Page** and specify examples of items endorsed on the right (e.g. marijuana use in the last 30 days for a substance use referral).

To complete Section 2 of the **Client Summary Sheet**, consider the recommended referral areas marked on the **Interview Page**. The four health risk areas are categorized in the following manner:

1. **Physical Health/Medical Care:** General physical health (including pain management), primary care, pregnancy and prenatal care, and HIV care.
2. **Mental/Emotional Health:** Anxiety, depression, trauma, suicidal risk, as well as the lack of identified resiliency factors and coping strengths.
3. **Substance Abuse:** Illicit drugs, prescription drugs, alcohol, tobacco, and sex/drug linked behavior.
4. **Infectious Disease Risk:** No previous history or outdated infectious disease testing, risky sexual behaviors, sex/drug-linked behaviors, and other risk factors including injection drug use, sharing needles, or spending time in jail or prison during the past year.

Sections 3 and 4: Mark areas where referrals have been made (rather than where referrals were needed) and specify details of next steps.

At this point in the screening process it is possible that referrals have already been made. Providers should have previously checked the appropriate boxes within the third column on the table at the top of the **Interview Page**. Now the client should also have record of these referrals. Refer to **Section 3** of the Client Summary Sheet and mark those areas where referrals have been made.

Next, look at **Section 4**. Either the provider, or preferably the client, should specify when appointments are scheduled or when/where further action will take place. Depending on the level of client organization, this might be a good time to confirm with the client their methods of remembering and planning for future appointments.

Depending on the intake or screening process at each agency, this final section might be completed by another professional, such as a case manager or the client’s ongoing counselor.

Before the end of meeting, the provider should make sure the client has a copy of the Client Summary Sheet to take with them, thank them for their time, and inform them of intentions to follow up at the next meeting.

ELECTRONIC USE

Electronic Use of the *No Wrong Door Integrative Screener*

The electronic version of the *NWD Integrative Screener* uses Microsoft Office Excel®. In the Excel® program there are multiple tabs that have spreadsheets for recording, scoring, and providing feedback to clients.

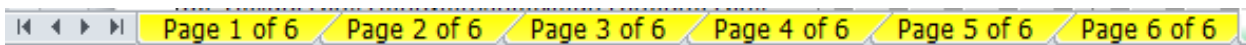
This section of the manual aims to orient providers to the Excel® program and guide users to utilize the features found in the electronic format for administration and scoring. Below is an introduction to its composition.

For technical assistance to addresses any issues or concerns that may arise when using the Microsoft Excel® based electronic screener and scoring system, please contact the Center for Community Collaboration (see [Contact Page](#)).

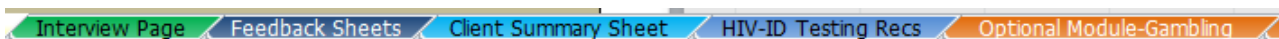
Overview of the Excel® Program

Excel® Program Tabs

The Excel® program includes several different tabs that are accessible at the bottom of the screen:



- The first six (6) tabs, colored yellow, correspond to each page of the *NWD Integrative Screener*. Clicking on the next tab in the electronic version is the same as “turning the page” on the paper-and-pencil version of the screener. These tabs can be completed by a provider or a client.



- The next tab, colored green, is the **Interview Page**. This tab includes the referral table and readiness questions. The provider should complete this page with the client in an interview.
- The dark blue **Feedback Sheets** tab includes graphs and additional information generated based on client responses. This page is helpful in reviewing concerns/risk factors with the client, and can be useful as documentation in the client’s chart and when determining the need for further assessment(s), treatment planning, care coordination, and internal/external referrals.
- The teal **Client Summary Sheet** tab displays a one-page report that provides a summary of the client’s responses and referral needs and is designed for the client to take with them.
- The blue **HIV-ID Testing Recs** tab provides more specific information on why testing referrals are recommended (e.g., outdated testing, high-risk partners).
- The red **Missing Items** (not pictured here) tab is helpful for providers to see if a response was not recorded for any items. This is especially helpful if a client completes the self-report format.
- The orange **Optional Module** tabs provide additional modules (i.e., Stigma, Serious Mental Illness, and Gambling) that can be used as needed based on the setting or client presenting concerns.

A more detailed description of the content within each tab is discussed below.

Using the Electronic Version for Client Self-Report

There are two versions of the electronic screener. The provider/interview version includes shading and point values, mirroring the paper and pencil version. The client self-administration version is not shaded and does not include the **Interview Page** as a self-report component.

All of the tabs described above are visible in the provider/interview version so that providers can easily progress through the file. It is preferable that the client does not see any of the additional components to the electronic system, including the **Interview Page**, **Feedback Sheets**, and **Client Summary Sheet** until a provider is able to meet with them to complete and review these documents. Therefore, in the client version these tabs are “hidden” to prevent the client from viewing them. The depictions below demonstrate how the tabs can easily be (un)hidden.

Hide: To “hide” a tab, right-click the tab you wish to hide and then select Hide.

READINESS : "On a scale of 1-10 (1 = not at all and 10 = very) how interested/ready are you to begin discussing your"											
79. Physical Health/Medical Care	1	2	3	4	5	6	7	8	9	10	N/A
80. Mental/Emotional Health (refer to Q. 78)	1	2	3	4	5	6	7	8	9	10	N/A
81. Substance Use (refer to Q. 77)	1	2	3	4	5	6	7	8	9	10	N/A
82. Sexual Risk Behaviors/Infectious Disease Risk	1	2	3	4	5	6	7	8	9	10	N/A
83. HIV/Infectious Disease Testing & Care	1	2	3	4	5	6	7	8	9	10	N/A
Interviewer Action: Motivate Plan & P											
Additional Notes (refer to client additional comments on page 6):											
Provider Completing Screener:										Date	
Supervisor Review:										Date	
Page 1 of 6	Page 2 of 6	Page 3 of 6	Page 4 of 6	Page 5 of 6	Page 6 of 6	Interview Page	Feedback Sheet				

Unhide: To view a hidden page, right-click any tab and select Unhide. Another box will appear in which you will select the tab you would like to “unhide” and then press OK.

Electronic Administration

Recording Responses

The electronic version of the *NWD Integrative Screener* has two formats to collect information:

- 1) Open ended questions using text boxes to type in responses; and
- 2) Multiple choice options using check boxes to select the appropriate response(s).

Text boxes:

Date:	04/11/14	Name:	Lloyd M.	ID Number:	1234
Date of Birth:	06/20/90	Agency Name:	CCC		
How old are you?	23	2. Country of Origin:	USA		

These are shaded brown to distinguish from other cells. To include information, click on the cell and begin typing.

Text boxes are formatted for dates or open-ended responses as appropriate. Notes on how to fill-in specific responses (e.g., dates) are included in comments linked to text boxes.

Check boxes:

4. If not born in the U.S., length of time living in the U.S.:	
<input type="checkbox"/> <1 year	<input type="checkbox"/> 1-5 years
<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 10+ years
<input type="checkbox"/> Declined	<input checked="" type="checkbox"/> N/A (born in U.S.)

Click on the box once to check; click again to uncheck

Missing Values

In the electronic format, a warning will be displayed on the **Feedback Sheets** (illustrated on page 44 of this manual) alerting the provider to any missing items. Additionally, a Missing Items sheet (a red-colored **Missing Items** tab in the Excel® program) is included in the scoring document to allow the provider to see which items, if any, were skipped and the domains affected by the missed item.

15a	missing	Prenatal Care	Physical Health	Pregnancy
15b		Weeks Pregnant	Physical Health	Pregnancy
16	missing	TB Symptoms	HIV/ID Testing	TB Testing
17		Like Self	Mental Health	General MH Self-Esteem
18	missing	Get Along With	Mental Health	Anxiety Self-Esteem Social Health

'MISSING' will show if a client did not provide a response for an item. The 'Missing Response?' column will be blank if a response was recorded for an item.

Electronic Scoring

IMPORTANT: To ensure that scoring algorithms run appropriately and accurate feedback can be generated, no cell information should be altered in any part of the Excel® program aside from those indicated by brown (client response) or peach (provider notes) shading. This includes: removing textboxes and checkboxes from the screener or any information generated for the [Feedback Sheets](#) (illustrated on pages 44-47 of this manual).

The electronic *NWD Integrative Screener* has a “hidden” Scoring Sheet tab in which all of the scoring algorithms are located. It is preferable that you keep this tab hidden and not alter any cell information within it. Although shading and point-values are included in the provider version of the screener, it is not necessary to do any manual scoring if you use the electronic format. A “behind-the-scenes” scoring paradigm was created to allow easy calculation of overall scores and subscales; subscales are more specific scores of client risk within the larger health domains (e.g., depression in Mental Health, alcohol use in Substance Use, risky sexual behaviors in HIV/ID risk).

Please contact the Center for Community Collaboration if there are any concerns regarding scoring algorithms or altered cells (see [Contact Page](#)).

Providing Feedback to Client

Once administration is complete and the *NWD Integrative Screener* is automatically scored, the next step is to review the client’s responses and discuss referral recommendations. Utilizing brief intervention skills to elicit client readiness to address health concerns is a helpful step to engage the client in the referral and treatment process. The information below outlines the *NWD Integrative Screener* documents available for use in the feedback process. It will be helpful to review the [Completed Screen: What Happens Next?](#) section, starting on page 50 of this manual, for guidance on how to effectively facilitate this part of the *NWD Integrative Screener*.

There are two tabs that can be utilized when providing feedback to clients, the **Interview Page** (green-colored tab titled “Interview Page” in the Excel® program) and the **Feedback Sheets** (blue-colored tab titled “Feedback Sheets” in the Excel® program). Depending on the provider’s personal style and comfort, the **Interview Page** and **Feedback Sheets** can be reviewed simultaneous (i.e., toggle between the two tabs, focusing on one health domain/referral need at a time) or reviewed separately.

Interview Page

The Interview Page requires the provider to engage in conversation with the client regarding areas of concern and the client’s interest/readiness to accept a referral at this time.

Referral Needed checkboxes for the health domains addressed in the screener (everything except Case Management and Other) will be automatically checked based on the client’s responses. All other check boxes will be filled in by the provider based on client’s readiness to accept the referrals identified.

Name:	Derek S.	ID:	3354	Date:	4/7/2015
DOB:	07/10/95	Age:	19	Agency:	CCC

77. Have you ever received treatment for substance abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78. Have you ever received treatment for mental health concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Refer to the **Feedback Sheets** and client’s responses as you discuss referral needs.

REFERRAL OPTIONS	Referral Needed?	Agreed to Referral?	Referral Made?
Primary/Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Treatment (ask Q. 78 if referral need)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment (ask Q.77 if referral need)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Cessation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Risk Reduction Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health in Recovery (Sexual Health Program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Medical Care/Treatment Adherence Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV & Other Infectious Disease Testing & Counsel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g., homelessness services):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The client’s readiness rating will determine the provider’s course of action – motivate or plan & refer.

READINESS : "On a scale of 1-10 (1 = not at all and 10 = very) how interested/ready are you to begin discussing your"

	1	2	3	4	5	6	7	8	9
79. Physical Health/Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Emotional Health (refer to Q. 78)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use (refer to Q. 77)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Risk Behaviors/Infectious Disease Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Infectious Disease Testing & Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Readiness should be assessed for each identified referral need.

Refer to the section on Brief Interventions for how to effectively discuss readiness with you client.

Interviewer Action: Motivate Plan & Refer

Additional Notes (refer to client additional comments on page 6):

Patient complains of stomach pain, possibly related to HIV. Recommended that patient see PCP for further evaluation.

Provider Completing Screener: _____ Date: _____

Supervisor Review: _____ Date: _____

Feedback Sheets

The electronic version of the *NWD Integrative Screener* provides output on the **Feedback Sheets** (dark blue-colored tab titled “Feedback Sheets” in the Excel® program) based on the client’s responses and necessary referrals. Below is a step-by-step guide for the **Feedback Sheets** and how to use and interpret its components.

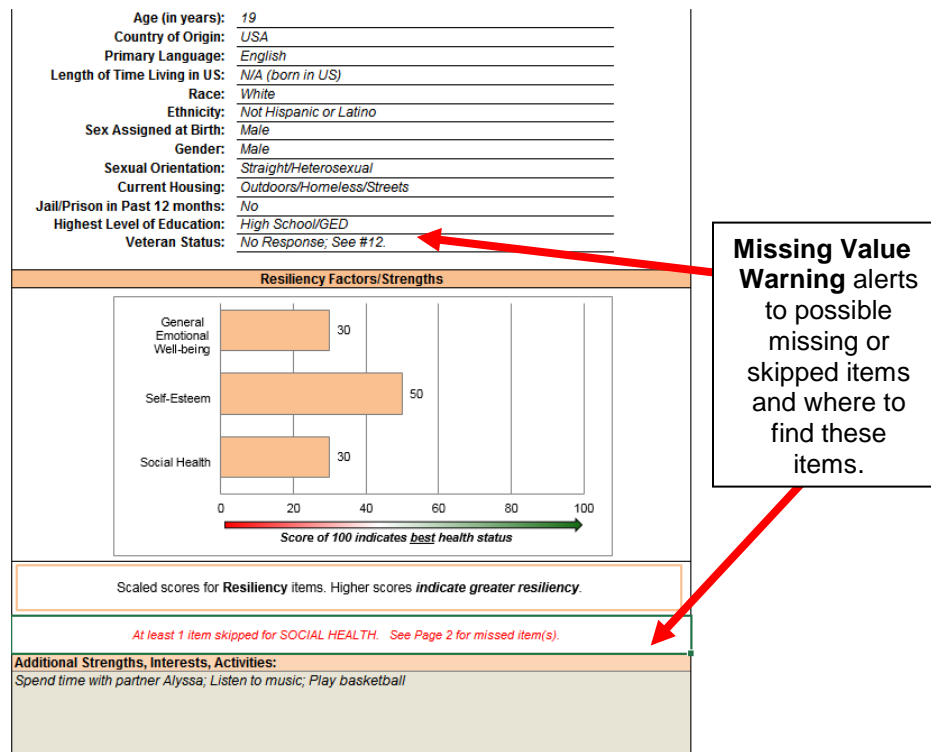
What does the **Feedback Sheets** include?

- Graphs for each health domain generated based on subscale scores to highlight the client’s symptom severity/level of risk
- Additional information to supplement the graphs (e.g., specific risk factors/concerns identified)
- Referral recommendations identified based on client risk factors

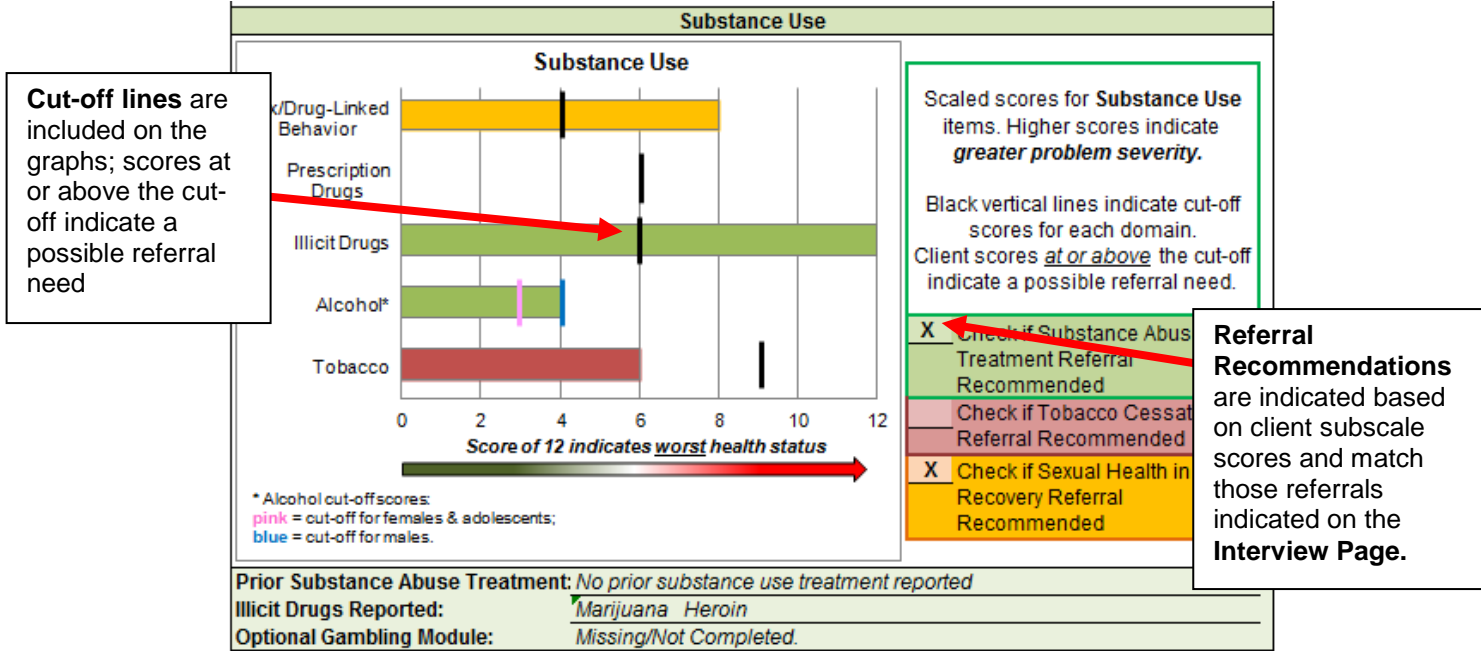
What are the benefits of using the **Feedback Sheets**?

- A way for the provider to have a conversation with the client about presenting concerns, continued healthcare needs, and recommended referral options
- Can increase awareness of symptom severity/health risk
 - Information within the **Feedback Sheets** is presented in the same order as the referral recommendations on the **Interview Page**, so the provider can use the **Feedback Sheets** in combination with the **Interview Page** as a way to engage the client in the referral process
- Can be printed and/or electronically saved to be included in the client’s chart so that all providers have access to the screening results

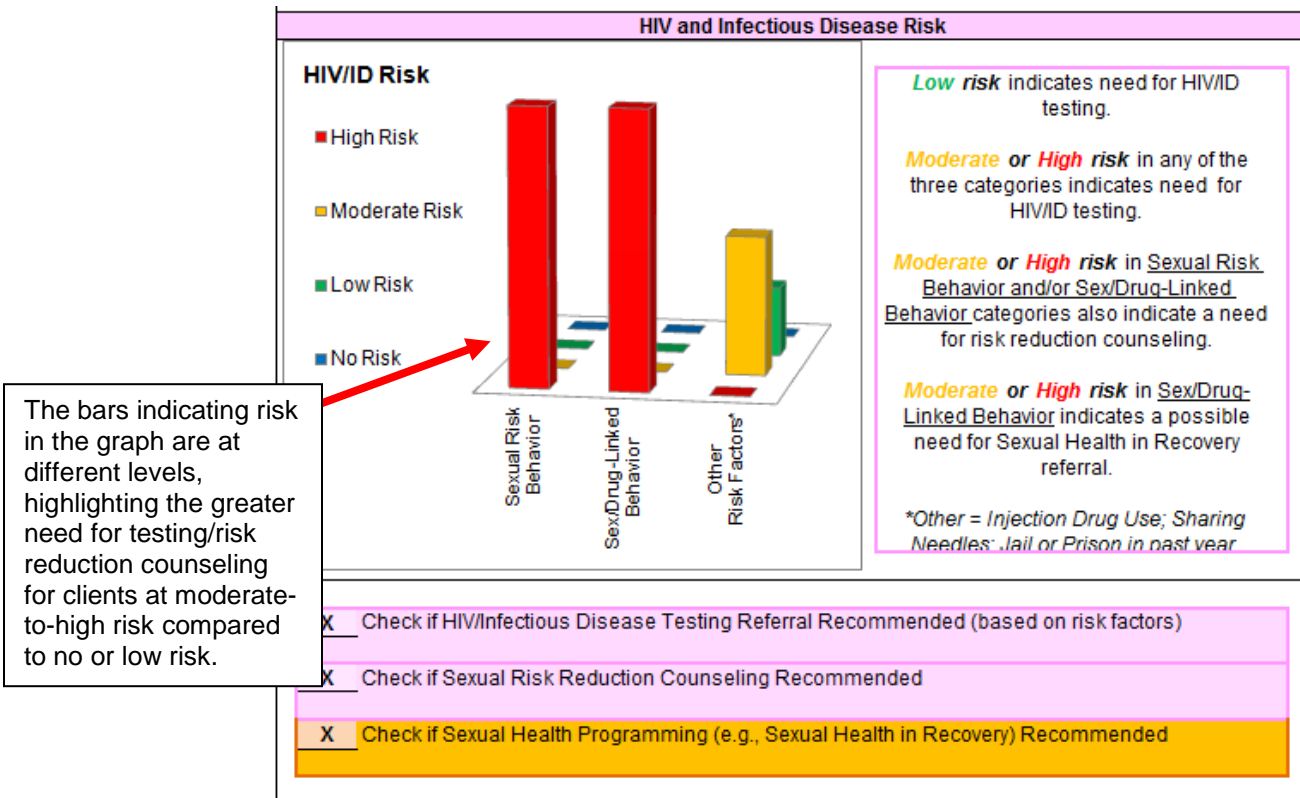
The first page of the **Feedback Sheets** includes all of the client’s reported demographic information and resiliency factors. Resiliency factors and client-identified strengths can be helpful in supporting treatment adherence and positive treatment outcomes.



For the *Physical Health, Mental Health, and Substance Use* domains, a graph is generated based on the scores for each subscale.



The graph for HIV/Infectious Disease Risk displays the client's level of risk for infectious disease. Level of risk within each subscale will determine the referral need (e.g., testing, risk reduction counseling, specific sexual health programming).



Additional Information on the specific responses endorsed by the client, as it pertains to risk, is also displayed on the **Feedback Sheets** to supplement the graphical output.

Additional Primary/Medical Care information:

Primary Care Services	
Linked to Primary Care Provider?	<u>No</u>
Date of Last Doctor's Visit:	<u>07/01/13</u>
Time since last visit (years):	<u>1.77</u>
<input checked="" type="checkbox"/> Primary/Medical Care Referral needed if 1) no current Primary Care Provider indicated and/or 2) no physical exam or doctor visit indicated within the	
Pregnancy and Prenatal Care	
Pregnant?	<u>No</u>
Receiving Prenatal Care?	<u>N/A</u>
Length of Pregnancy to Date (approx. weeks):	<u>N/A</u>
<input type="checkbox"/> Pregnant and not receiving prenatal care indicates a referral need for Primary/Medical Care (Prenatal Care) Referral.	
Women who are pregnant should be tested for HIV, syphilis, and hepatitis during their pregnancy. These tests are typically provided through routine prenatal care. If individual is not linked to prenatal care and/or has not received any of these tests since becoming pregnant, an <u>immediate</u> referral to testing/prenatal care is recommended.	

Additional information on testing or treatment needs is provided within the Feedback Sheets to alert providers of concerns that may not have been addressed in the screener

Additional Infectious Disease Risk Information:

Information automatically populates based on client responses.

Sexual Risk Behaviors Endorsed by Client (if blank, none endorsed):	
<i>Risky sexual partners (e.g., anonymous, MSM, unknown HIV status).</i>	<u></u>
<i>Multiple sexual partners in past 12 months.</i>	<u></u>
<i>Not monogamous sexual partners.</i>	<u></u>
<i>Inconsistent condom/barrier use with sexual partners.</i>	<u></u>
<i>Sex in exchange for drugs, money, etc.</i>	<u></u>
Other Risk Factors Endorsed by Client:	
<i>Jail/Prison (past 12mo):</i>	<u>No Response; See #10.</u>
<i>Injection Drug Use:</i>	<u>History, but not within the past 3 months.</u>
<i>Sharing Needles:</i>	<u>N/A (never shared needles)</u>

Other (non-HIV) Infectious Disease Testing History			
	Most Recent Test Result:	Testing within Past 12mos:	Testing Referral Recommended:
HIV:	<u>Preliminary Positive</u>	<u>No</u>	<u>YES</u>
Gonorrhea:	<u>Positive</u>	<u>No</u>	<u>YES</u>
Chlamydia:	<u>Positive</u>	<u>No</u>	<u>YES</u>
Syphilis:	<u>Negative</u>	<u>No</u>	<u>YES</u>
Hep-C:	<u>Negative</u>	<u>No</u>	<u>YES</u>
Hep-B:	<u>Negative</u>	<u>No</u>	<u>YES</u>
TB:	<u>Negative</u>	<u>No</u>	<u>--</u>
Other:	<u>Negative</u>	<u>No</u>	<u>--</u>

See 'HIV-ID Testing Recs' sheet for a more detailed listing of the risk factors endorsed by the client that indicate a need for testing for the specified infectious diseases.

Clients who have tested positive for Hepatitis-C and Hepatitis-B should discuss with provider their diagnosis and treatment to determine if further testing and/or medical care is warranted.

Clients who are HIV+ and have not been tested for TB must receive a referral for TB testing. For those who have been tested, retest only needed for possible exposure.

More detailed information on why a client should be tested for the listed infectious diseases is included in the "HIV-ID Testing Recs" section.

More detailed information on the need for infectious disease testing is included in the **HIV-ID Testing Recs** tab. Testing guidelines based on personal characteristics and risk factors provide specific testing referral needs.

Testing Guidelines:
If a client's responses align with any of the referral needs (marked with an 'X'), then a testing referral is recommended.

YES	CHLAMYDIA TESTING (Yes = Chlamydia Testing Referral recommended at this time)
YES	SYPHILIS TESTING (Yes = Syphilis Testing Referral recommended at this time)
YES	GONORRHEA TESTING (Yes = Gonorrhea Testing Referral recommended at this time)
<input checked="" type="checkbox"/>	Referral needed if client reported having three or more sexual partners in the past 12 months.
<input type="checkbox"/>	Referral needed if client has had sex with an anonymous partner, an HIV-positive partner, or intravenous drug user during the past 12 months.
<input type="checkbox"/>	Referral needed if client has had sex in exchange for drugs, alcohol, or something (s)he needed.
<input checked="" type="checkbox"/>	Referral needed if client has had sex with someone who exchanges sex for drugs, alcohol, etc.
<input checked="" type="checkbox"/>	Referral needed if client's current sexual partner(s) is/are having sex with others.
<input type="checkbox"/>	Referral needed if client's most recent Chlamydia test was positive.
<input type="checkbox"/>	Referral needed if client's most recent Syphilis test was positive.
<input type="checkbox"/>	Referral needed if client's most recent Gonorrhea test was positive.
<input type="checkbox"/>	Referral needed because client reported she is female, under 25, and is currently sexually active. (Chlamydia only)

The final section of the **Feedback Sheets** mirrors the **Interview Page** that the provider completes with the client. Information inputted into the **Interview Page** will automatically populate onto this portion of the **Feedback Sheets** (e.g. check boxes indicating client agreed to referral). Reviewing this page with the client can be a "final step" of summarizing all of the things that were accomplished during this process: identified presenting concerns and referral recommendations, gauged client readiness and interest in addressing those concerns, and determined which referrals to make based on all of this information.

Referral & Readiness Information			
	Referral Needed	Agreed to Referral	Referral Made
Referrals:			
Primary/Medical Care	X	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Treatment	X	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	X	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Cessation Services		<input type="checkbox"/>	<input type="checkbox"/>
Sexual Risk Reduction Counseling	X	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health in Recovery (Sexual Health Programming)	X	<input type="checkbox"/>	<input type="checkbox"/>
HIV Medical Care/Treatment Adherence Support	X	<input type="checkbox"/>	<input type="checkbox"/>
HIV & Other Infectious Disease Testing & Counseling	X	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	X	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

READINESS RATINGS: "On a scale of 1-10 (1 = not at all likely and 10 = very likely) how interested/ready are you to begin discussing your"

	<p>If client's readiness is ≤ 5 (low interest in addressing behavior at this time), provider should engage client in a brief intervention to enhance motivation for future change.</p> <p>If client's readiness is > 5, provider should engage client in a brief intervention and initiate referral process.</p>
--	---

Concluding Steps

Congratulations! Up to this point a lot has been covered:

- 1) How to use the Screener to determine areas in which referrals are recommended;
- 2) Conducting the provider and client discussion about readiness to address recommended areas for referral; and
- 3) Working with the client to carry-out certain recommended referrals that s/he has agreed to.

Final Discussion Using Client Summary Sheet

Before the client leaves, the final step is to use the **Client Summary Sheet** (teal-colored tab titled "Client Summary Sheet" in the Excel® program) to summarize the information obtained so far and to clarify next steps.

A preview and exploration of the **Client Summary Sheet** is illustrated on pages 48-49. This one- page document summarizes for the client their:

- Own risks/concerns for their health (Section 1)
- Individual strengths (Section 2)
- Referrals that have been made (Section 3)
- Next action steps (Section 4)

No Wrong Door Integrative Screener 3.0 Client Summary Sheet					
Name: <u>lo Response; See Page 1</u> ID <u>lo Response; See Page 1</u> Date: <u>Response; See Pag</u> DOB <u>lo Response; See Page 1</u> Age: <u>No Response; See #1.</u> Agency: <u>Response; See Pag</u>					
This screen looks at many health areas. Here are some of your strengths identified in the screen:					
Section 1	_____ _____ _____ _____ _____ Client interests: <div style="background-color: #d3d3d3; height: 20px; width: 100%;"></div>				
Your answers also show concerns and health risks listed below:					
Section 2	Physical Health/Medical Care: _____ Mental/Emotional Health: _____ Substance Abuse: _____ Infectious Disease Risk: _____				
Section 3	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%; text-align: left; font-size: small;">Based on the above concerns and being ready to get help, a referral has been made for:</th> <th style="width: 40%; text-align: left; font-size: small;">Here are some next steps for you to take:</th> </tr> <tr> <td style="font-size: x-small;"> <input type="checkbox"/> Primary/Medical Care <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Tobacco Cessation Services <input type="checkbox"/> Sexual Risk Reduction Counseling <input type="checkbox"/> Sexual Health in Recovery (Sexual Health Programming) <input type="checkbox"/> HIV Medical Care/Treatment Adherence Support <input type="checkbox"/> HIV/Infectious Disease Testing & Counseling <input type="checkbox"/> Case Management <input type="checkbox"/> Other: <div style="background-color: #d3d3d3; width: 100px; height: 15px;"></div> </td> <td style="font-size: x-small;"> 1) _____ _____ _____ 2) _____ _____ _____ 3) _____ _____ _____ </td> </tr> </table>	Based on the above concerns and being ready to get help, a referral has been made for:	Here are some next steps for you to take:	<input type="checkbox"/> Primary/Medical Care <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Tobacco Cessation Services <input type="checkbox"/> Sexual Risk Reduction Counseling <input type="checkbox"/> Sexual Health in Recovery (Sexual Health Programming) <input type="checkbox"/> HIV Medical Care/Treatment Adherence Support <input type="checkbox"/> HIV/Infectious Disease Testing & Counseling <input type="checkbox"/> Case Management <input type="checkbox"/> Other: <div style="background-color: #d3d3d3; width: 100px; height: 15px;"></div>	1) _____ _____ _____ 2) _____ _____ _____ 3) _____ _____ _____
Based on the above concerns and being ready to get help, a referral has been made for:	Here are some next steps for you to take:				
<input type="checkbox"/> Primary/Medical Care <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Tobacco Cessation Services <input type="checkbox"/> Sexual Risk Reduction Counseling <input type="checkbox"/> Sexual Health in Recovery (Sexual Health Programming) <input type="checkbox"/> HIV Medical Care/Treatment Adherence Support <input type="checkbox"/> HIV/Infectious Disease Testing & Counseling <input type="checkbox"/> Case Management <input type="checkbox"/> Other: <div style="background-color: #d3d3d3; width: 100px; height: 15px;"></div>	1) _____ _____ _____ 2) _____ _____ _____ 3) _____ _____ _____				
Section 4					

Another benefit to completing the *NWD Integrative Screener* electronically is that nearly all of the **Client Summary Sheet** will be automatically populated based on the client's responses. Below is a breakdown of the **Client Summary Sheet**.

Section 1: Remember to emphasize client strengths!

We realize that people are multi-faceted, resilient in different ways, and instilled with their own strengths; these will need to be emphasized when encouraging clients to address health risks in their lives. The first section displays identified strengths and interests that can be discussed with the client. Resiliency factors and strengths are drawn from:

- 1) Specific items within the screener that look at social health and self-esteem
- 2) Client readiness to address health concerns
- 3) Client-identified interests and coping skills from the open-ended item on page 6 of the screener

In addition, the interviewer can draw from what was discussed outside of the screening items and type these in on the extra lines provided. If strengths are still hard to identify, it should be acknowledged that the client has come to a provider and demonstrates some interest in addressing health concerns.

Section 2: If a client's responses indicate a risk in any of the four categories below, the check box and the specific concerns within each domain will automatically be displayed.

The four health risk areas are categorized in the following manner and can include any of the following health concerns:

1. **Physical Health/Medical Care:** General physical health (including pain management), primary care, pregnancy and prenatal care, and HIV care.
2. **Mental/Emotional Health:** Anxiety, depression, trauma, suicidal risk, as well as the need for more resiliency factors and coping strengths.
3. **Substance Abuse:** Illicit drugs, prescription drugs, alcohol, tobacco, and sex/drug linked behavior.
4. **Infectious Disease Risk:** No or outdated infectious disease testing, risky sexual behaviors, sex/drug-linked behaviors, and other risk factors including injection drug use, sharing needles, or spending time in jail or prison during the past year.

Sections 3 and 4: Indicate areas where referrals have already been made (rather than where referrals were needed), and specify details of next steps:

At this point in the screening process it is possible that referrals have already been made. Interviewers should have already checked appropriate boxes within the third column on the table at the top of the **Interview Page** (green-colored tab titled "Interview Page" in the Excel® program). Checking the "referral made" boxes on the **Interview Page** will automatically populate the referral boxes in *Section 3* of the **Client Summary Sheet**.

The only area of the **Client Summary Sheet** that will need to be completed by the provider and the client (i.e., not automatically populated) is *Section 4* (Next Steps). Either the provider (or preferably the client) can specify when meetings are scheduled or when/where further action will take place. Depending on the level of client organization, this might be a good time to confirm with the client their methods of remembering and planning for future appointments.

We recognize that, depending on the intake or screening process at each agency, this final section might be completed by another professional, such as a case manager or the client's ongoing counselor.

Before the end of the meeting, the provider should make sure the client has a copy of the **Client Summary Sheet** to take with them, thank them for their time, and inform them of your intentions to follow up at your next meeting.

COMPLETED SCREENS: WHAT HAPPENS NEXT?

Next Steps After Screening

Now that the *NWD Integrative Screener* has been completed and the client's risk(s) has/have been identified, providers can use specific brief intervention skills to talk most effectively with their client about referrals. These skills are best incorporated when discussing a client's readiness and willingness to accept a referral.

Once the recommended referrals have been determined for the health domains, three possible outcomes can occur. The provider's decision will be based on the client's risk and their readiness to address each problem. (Refer to **Interview Page**, found on page 35 or 43 in this manual):

1. **Negative Screen:** *No further action required.*

If the client screens negative then no further intervention is required for that specific issue. However, if your clinical judgment suggests that the client may present with a possibility of risk, additional assessment may be warranted. Clinical judgment can be characterized by using all available information about the client, as well as clinical knowledge and experience, to make an appropriate decision about the presenting issue.

2. **Positive Screen + Low Readiness:** *Brief Intervention Only.*

When the screening indicates risk, the provider should discuss with the client their interest in addressing the problem. If a client's readiness ratings are low (0-5 on the Readiness Ruler; see page 54 of this manual), a Brief Intervention (remember the acronym FLO; described further on page 52 of this manual) can be implemented to allow the client to contemplate making future changes. The provider can offer personalized feedback to the client regarding their health risk, and enhance motivation by listening to the client and collaboratively discussing their reasons for and resistance to change. Although the client may not be ready to accept a referral at this point, it is important for the provider to

- 1) Advise the client about the importance of behavior change,
- 2) Inform the client of their options, and
- 3) Discuss a time to follow-up on the issue; all while honoring their right and responsibility to make their own decision.

3. **Positive Screen + Moderate/High Readiness:** *Brief Intervention and Referral.*

If the client's screen identifies risk and the client endorses higher readiness ratings (6-10 on the Readiness Ruler), then a Brief Intervention to encourage participation in further assessment or treatment is necessary. The provider can offer personalized feedback to the client regarding their health risk, and enhance motivation by listening to the client and collaboratively discussing their reasons for and resistance to change. The provider will discuss with the client their options and negotiate and plan for change, and then make appropriate referrals.

Note. While there is no fail-safe method of establishing risk, using standard assessment criteria along with clinical judgment offers the best opportunity to identify risks or problems and provide appropriate intervention. If the assessment substantiates the concerns identified by the screen, a referral for treatment is the next step.

Brief Interventions

Brief Interventions (BI) are intended to take advantage of teachable moments to motivate change.

Successful BI may be characterized by the following (CCC, 2012):

- A brief encounter with a client focusing on empathetic advice giving and/or motivational enhancing strategies, including brief advice and more structured interviewing
- On average are 10-15 minutes, but may be as brief as 5 minutes or as long as 30 minutes
- Can take place over multiple client encounters based on client needs and provider style
- Can be provided by many different staff

It is expected that clients will have different levels of readiness at distinctive times for each health concern. Thus, an important goal of a Brief Intervention is to:

- Identify a client's current readiness for change for each issue.
- Tailor the approach to promote increased motivation for change.
 - The effectiveness of Brief Interventions is related to the adaptation of an approach to match the client's readiness to change.

Now we will describe a three step "**FLO**" approach to using Brief Interventions (Dunn & Fields, 2007):

Step 1 – Provide Feedback

The screening results are delivered back to the client in a way that communicates the problem and connects it to his/her concerns.

- Provide non-judgmental feedback on risk levels and possible problem areas
- Express genuine concern about the client
- Provide guidelines/norms/handouts with information relevant to client's situation to provide clear, specific, client-tailored advice

Step 2 – Listen Carefully

Ask the client about their reactions to the screening results and use basic motivation enhancing strategies to help the client move forward with change.

- Expect ambivalence from the client with respect to the feedback
- Reflect the client's thoughts and feelings to help them elaborate on their own reasons for change
- Support the client's self-efficacy by affirming efforts to change

Step 3 – Discuss Options

Identify client's readiness to address areas of risk and use this to collaboratively discuss their options and negotiate a plan involving the changes the client is willing to make. Clients may be at different levels of readiness for different issues, so identify the client's readiness for *each* identified risk

- Tailor response depending on client's level of readiness:
 - If readiness is greater than 5, support confidence to change and address barriers to change: "Great. What would help you move to a higher number?"
 - If readiness ranges from 2 to 5, elicit change talk by asking: "Good. Why that number and not a lower number?"
 - If readiness is 1 or client is not ready, offer a reflection and listen empathically: "On the one hand accepting a substance use referral is not something you feel ready to do right now, and on the other hand you are noticing some health problems it may be causing."
- If client is ready to address this area of risk, discuss referral options and facilitate handoff
- If client is not ready, support client's autonomy to decide and ask if you can revisit this issue at a later time
- Summarize by piecing together various client statements in a way that points toward change
- Plan and arrange for follow-up

Addressing Readiness

The use of Brief Intervention skills will be most helpful when completing the **Interview Page**. The **Interview Page** of the screener requires the provider to engage in a conversation with the client regarding areas of concern and the client's interest/readiness to accept a referral. This page helps facilitate a conversation regarding referral needs identified in the screening process and client readiness to address each problem identified. Although a referral may be needed, the client must be willing to engage in the referral and treatment process.

77. Have you ever received treatment for substance abuse?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
78. Have you ever received treatment for mental health concerns?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
REFERRAL OPTIONS	Referral Needed?	Agreed to Referral?	Referral Made?
(ask Q. 78 if referral needed)	X	<input type="checkbox"/>	<input type="checkbox"/>
(ask Q.77 if referral needed)	X	<input type="checkbox"/>	<input type="checkbox"/>
	X	<input type="checkbox"/>	<input type="checkbox"/>
	X	<input type="checkbox"/>	<input type="checkbox"/>
	X	<input type="checkbox"/>	<input type="checkbox"/>
	X	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	X	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g., homelessness services):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READINESS: "On a scale of 1-10 (1 = not at all and 10 = very) how interested/ready are you discussing your"			
79. Physical Health/Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Mental/Emotional Health (refer to Q. 78)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Substance Use (refer to Q. 77)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Sexual Risk Behaviors/Infectious Disease Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. HIV/Infectious Disease Testing & Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interviewer Action:	Motivate		Plan & Refer

1) Discuss Referral Needs
In reviewing your responses, I noticed that you expressed some concerns regarding depressed mood and thoughts of suicide. It may be helpful to speak further about these concerns with a mental health provider.

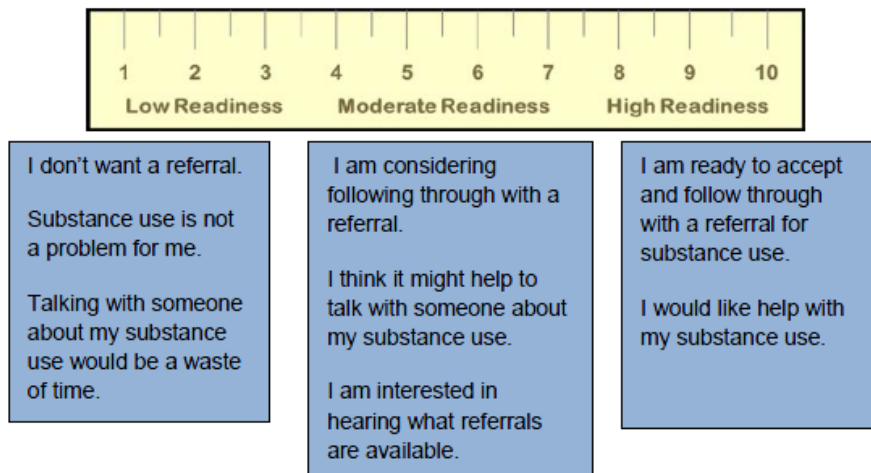
3) Confirm Agreement
Do you think it may be helpful to talk to someone about these concerns?

2) Assess Readiness
On a scale from 1-10, with 1 being not at all ready and 10 being very ready, how ready are you to speak to someone about your mood?

Asking About Readiness

The readiness questions can each be a helpful tool that allows the provider to emphasize the client's existing motivation to accept a referral. The provider can respond to the client's identified readiness level in a way that enhances the client's motivation, elicits "change talk" and reasons to accept a referral.

For example, consider the readiness question for a substance use referral: "On a scale of 1 to 10, how interested/ready are you to begin discussing your substance use?"



Helpful Provider Responses

- If readiness is greater than 5, support confidence to change and address barriers to change: "Great. What would help you move to a higher number?"
- If readiness ranges from 2 to 5, elicit change talk by asking: "Good. Why that number and not a lower number?"
- If readiness is 1 or client is not ready, offer a reflection and listen empathically: "On the one hand accepting a substance use referral is not something you feel ready to do right now, and on the other hand you are noticing some health problems it may be causing."

Making Effective Referrals

Referrals allow clinicians to connect those in need of further services with treatment and specialty care. A four-step process can be utilized to provide appropriate referrals to clients:

1) Determine the current referral need.

Depending on the severity of health problems and the client's response to the Brief Intervention, there are three possible referrals to consider for the client:

- **Self-Help, Mutual Help, and Group Support.** Clients, particularly those with low levels of risk, may state that they will make changes on their own. Social support is an important factor in promoting health, and community-based, mutual help groups can be very beneficial to persons dealing with health problems.
- **Initial Evaluation, Assessment, and/or Treatment.** It may become apparent that a client is struggling with problems across many health domains and may also describe a history of prior treatment. Screening and Brief Intervention alone may not yield enough information to diagnose or determine level of treatment needed. Thus, providers may recommend further evaluation and assessment to help determine treatment needs.
- **Emergent Care.** In some cases, problems may be severe enough to warrant a same-day referral for emergency care services (high suicide risk, high risk of HIV infection or transmission, etc.). These situations should be identified based on clinical judgment and/or agency policies. In such cases the provider ought to discuss with the client any concerns for his/her safety and recommendations for immediate referral with appropriate follow-up, regardless of the client's readiness.

2) Identify referral options with client collaboration.

An effective referral does not just involve a provider discussing referral recommendations; the provider is also negotiating a plan in a collaborative manner with the client. For successful change, preparation involves developing a plan that is:

- 1) **Effective** – identify the best options to meet the client's current needs. A well-matched referral based on need and client readiness can help motivate and engage the client in treatment.
- 2) **Accessible** – ensure that the client has financial support and/or insurance coverage for the referral, has transportation to reach the referral site, and has a plan to address any other barriers that might hinder access to following up on the referral.
- 3) **Acceptable** – discuss with the client if this referral is acceptable based on what has worked or not worked in the past. If it is unacceptable, negotiate where the client is willing to go and whether or not it meets your referral recommendations.

Addressing these components in a referral plan can help a provider determine if his/her agency has the resources to meet the client's needs or if an external referral is needed. Effective external referrals involve efforts to ensure client engagement in services in a timely manner.

3) Make an effective referral.

After negotiating a referral plan, it is time to contact the referral source and facilitate an effective referral. When clients are given a phone number or instructed to “schedule an appointment later”, this puts the burden of progress solely on the client. Both of these methods would be considered a “**Cold Handoff**” in which the client is given the task of self-activated follow-up. “**Warm**” or “**Hot**” referrals make it more likely that the client will engage and receive care:

- **Warm Handoff:** providing or assisting with indirect notification to the referral source, perhaps through a chart note or voicemail.
- **Hot Handoff:** this “gold-standard” for effective referral to treatment involves aiding in direct contact, perhaps by facilitating a meet-and-greet with the client, yourself, and the referral source or through a phone call that involves all three parties (CCC, 2012).

4) Document and follow-up with referral source and client.

Documentation and follow-up make up important components of what is called “closing the loop” in the Screening, Brief Intervention and Referral to Treatment (SBIRT) process. Using the *NWD Integrative Screener*, referral and follow-up decisions should be documented in several places:

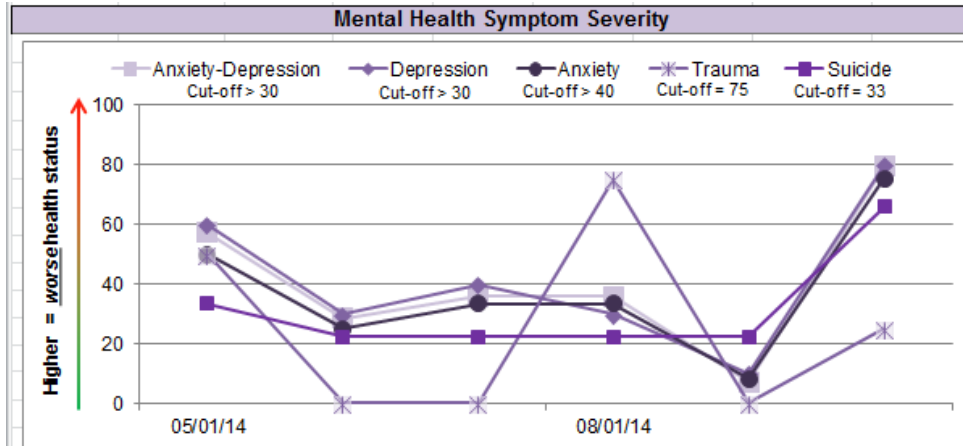
- **Interview Page:** Check the appropriate box(es) if the client agreed to the referral and if the referral was made.
- **Client Feedback Sheets:** Check the appropriate box(es) for the client to identify the specific referrals that were agreed upon. Also document any specific follow-up that was discussed with the client.

AGGREGATE DATA COLLECTION

Aggregate Data Collection

Individual Aggregate Data

The *NWD Integrative Screener* can be used with clients at various points during the treatment process, including at intake or follow-up. Ideally, the screener would be used at multiple to monitor and track patient progress overtime. To facilitate the tracking of patient data across time, the **Individual Aggregate Data Workbook** was developed. This **Individual Aggregate Data Workbook** is a separate Excel file that supplements the *NWD Integrative Screener* and allows for the patient data (collected by the *NWD Integrative Screener*) to be compiled for comparison of individual patient data across time.



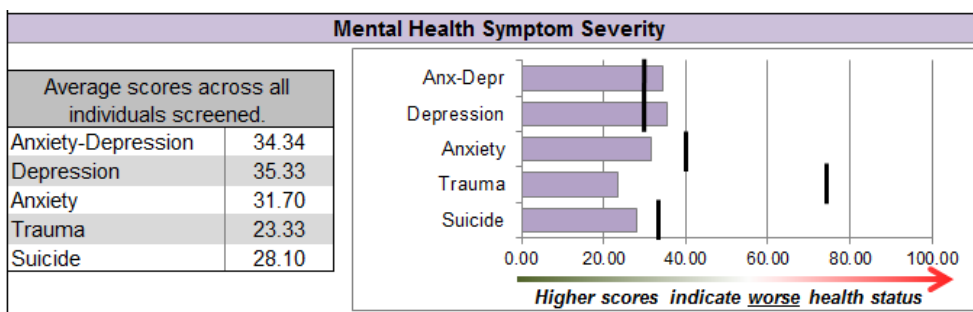
This graph, from the **Individual Aggregate Data Workbook**, displays a client's scores on the mental health domains:

- Six time points are displayed (the dates are indicated on the bottom X-Axis).
- At the top of the graph is a legend with the individual domains assessed and cut-offs used to determine referral

The **Individual Aggregate Data Workbook** compares the patient's responses across time (up to six different time points) for each of the health domains.

Agency-Level Aggregate Data

In an effort to be as user- and agency-friendly as possible, the *NWD Integrative Screener* includes many items and health domains that agencies are required to report local, state, and/or federal entities. To aid in this reporting process, the **Agency-Level Aggregate Data Workbook** enables providers and administrators to collect data across the agency and provide a snap-shot of the patients served at a given point in time.



This graph, from the **Agency-Level Aggregate Data Workbook**, displays an agency's client scores on the mental health domains:

- The average scores for each sub-domain are provided.
- A graph also displays how these averages relate to the cut-offs used for each category.

The **Agency-Level Aggregate Data Workbook** provides data regarding the average scores for particular items or domains across patients and also indicates the number of patients needing and receiving referrals.

Note. The Individual and Agency-Level Aggregate Data Workbooks are not included in the training materials. To begin collecting and tracking patient data over time, contact the Center for Community Collaboration to receive these workbooks, along with separate user manuals describing how to set-up and utilize these files for tracking.

***NO WRONG DOOR
INTEGRATIVE SCREENER
SAMPLE: “DEREK S.”***

About Derek S.

This section demonstrates the *No Wrong Door Integrative Screener* in action. A case example is posed below, accompanied by the steps of how a healthcare provider progresses through an interview with a sample client, “Derek S.” using the *NWD Integrative Screener*. Using the case example, the steps the healthcare provider engages in (i.e., identify risk, assess readiness, referral follow-through) as the screen is administered are described. An example of what a completed screen might look like for this case example can be viewed on pages 63-76.

Case Example: Derek is a 19 year-old male who has been living on and off the streets of Baltimore with his girlfriend, Alyssa, for the last two years. He was kicked out of his parents’ house when he turned 18 and has been working odd jobs when he can find them. He and Alyssa have bounced around staying on friends’ couches or shelters occasionally. However, they end up spending most nights sleeping outside.

Without a steady income, Derek has been engaging in survival sex (i.e. sex in exchange for money, food or something he needs) in order to survive. He reports having had over 20 partners, both male and female, over the last year. He engages in unprotected oral, receptive and insertive anal, and vaginal insertive sex. He states that he occasionally uses condoms with his anonymous partners but rarely, if ever, with his steady partner, Alyssa. Derek reported that he has contracted and been treated for several STIs in the past though he has not been tested in the last year. His last HIV test was over a year ago and was preliminary positive. However he has never followed up to confirmatory testing and thus is not engaged in any HIV treatment. He came to the clinic with his girlfriend Alyssa because she was experiencing vaginal discharge and concerned that she may have contracted an STI. They both agreed that they should be re-tested.

Derek reports that over the last few months his mood has been fairly low. He denied any previous history of depression or mental health treatment. He stated that things in his life have not turned out like he thought they would. He finds himself worrying frequently and has difficulty concentrating and sleeping. He also reports that he occasionally experiences body pain but overall considers himself to be a healthy person. His last physical was over two years ago and says he does not have a primary care provider.

Derek says he doesn’t really enjoy drinking and only consumes alcohol about once a month. However, when he does drink he usually drinks to get drunk. He also reports that he uses heroin when he can afford to buy it but says he’s not addicted. He typically injects heroin but has never shared his injection equipment. Derek and his girlfriend also occasionally smoke marijuana to “chill out”.

Identifying Risk and Referral Needs

After completing the *NWD Integrative Screener* with the intake provider at CCC Health Systems, Derek demonstrated symptoms and risk across multiple health domains (see completed screener and **Feedback Sheets** on pages 70-75 of the manual). Specifically:

- **Primary Care/Physical Health:** Derek is not currently linked to primary care and has not had a physical in two years. He considers himself to be relatively healthy but experiences occasional physical pain.
- **Mental Health:** Derek endorsed symptoms of depression and some anxiety, including trouble concentrating and sleeping.
- **Substance Abuse:** Derek occasionally injects heroin and smokes marijuana when he can afford it. He also has at least one alcohol binge a month.
- **Sex/Drug-Linked Behaviors:** Derek often has sex under the influence of drugs and/or alcohol and feels that using these substances allows him to feel more comfortable engaging in sexual activities.
- **Risky Sexual Behaviors:** He reported having multiple anonymous and casual partners within the past 12 months and does not consistently use condoms.
- **Infectious Disease:** His last infectious disease testing was over a year ago, at which time he was positive for Gonorrhea and Chlamydia and received a preliminary positive HIV test.

Assessing Readiness to Address Health Concerns

Based on these health concerns, the provider identified several referrals for Derek (see **Interview Page** on page 69 of this manual), including primary/medical care, mental health, substance abuse, sexual risk reduction counseling, and HIV treatment support. Since there are referral needs in multiple areas, it was necessary to have a conversation with Derek about the present health concerns and his interest in addressing these concerns. The provider used the **Feedback Sheets** to show Derek where there are health concerns, including his current pain, depressed mood, substance use, and risky sexual behavior. The provider then engaged him in a conversation about how ready/interested he is in addressing these concerns.

Based on this conversation:

- Derek was most interested and ready to accept referrals for primary care and HIV treatment support.
- He had moderate interest in discussing his mental health concerns.
- Derek had low readiness ratings for addressing his substance abuse and risky sexual behaviors.

Making Appropriate and Effective Referrals

As discussed above, Derek indicated concerns across several health domains but only expressed interest in addressing some of them. Although the provider may view these areas as important, if Derek is not ready to address all these risk behaviors, then he is less likely to accept and/or follow through with these referrals (refer to [Completed Screen: What Happens Next](#) section starting on page 50 of this manual for additional skills to motivate Derek using a Brief Intervention). After a Brief Intervention with Derek, the following referrals were made:

- **Primary Care:** The provider helped Derek connect with a primary care provider and make an appointment to discuss his ongoing physical pains and receive a physical exam. This would be considered a warm handoff because the provider assisted the client in making the appointment with the client's primary care provider.
- **HIV Care/Adherence:** Two different referrals were made to facilitate adherence to HIV care:
 - 1) Derek's provider connected him to the onsite HIV testing and treatment clinic. Together they walked over to the clinic and scheduled a confirmatory HIV test and set up an initial appointment to engage in HIV treatment. This is an ideal referral, *hot handoff*, because the provider introduced Derek to his HIV treatment provider directly, and together, the provider *and* the client, and HIV treatment provider made an appointment for further care.
 - 2) Derek was also referred to case management to discuss payment options for medications. While Derek was in the room, the provider called the case management department to set up an appointment. This would be considered a *warm handoff* because an appointment was made for Derek by the provider but there was no direct contact facilitated between the client and the case manager.

Note: For more detailed information on cold, warm, and hot handoff see [Completed Screen: What Happens Next](#) starting on page 50 of the manual.

Although referrals were not made for substance abuse or mental health treatment and sexual health services, the provider indicated a need for these referrals on Derek's **Feedback Sheets**. This was included in Derek's health record so that other service providers could review Derek's responses and follow-up at a later time regarding these and other health concerns.

Derek's **Client Summary Sheet** (found on page 76 of this manual) was then reviewed and the client's next steps (listed above) were included. The sheet was then printed and given to Derek for him to have a record of the meeting as well as his upcoming appointments.

No Wrong Door Integrative Screener 3.0 Provider/Interview Format

INSTRUCTIONS: These questions are about your life experiences, your health, and your feelings. Your answers help us to get a complete picture of who you are and how we can best serve you. You should answer the questions in your own way. There is no right or wrong answer.

Brown Shaded Cells = insert response

Date:	04/07/15	Name:	Derek S.	ID Number:	3354
Date of Birth:	07/10/95	Agency Name:	CCC	Provider Initials:	LET

1. Age:	2. Country of Origin:	3. What is your primary language?
19	USA	English

4. Length of time living in the U.S.:	5. Race (check all that apply):
<input type="checkbox"/> <1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 10+ years <input type="checkbox"/> Declined <input checked="" type="checkbox"/> N/A (born in U.S.)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer Not to Answer

6. Ethnicity	7. What sex were you assigned at birth?
<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Intersex

8. What is your gender? (check all that apply)	9. What is your current housing situation?
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Transgender (Female to Male) <input type="checkbox"/> Transgender (Male to Female) <input type="checkbox"/> Intersex <input type="checkbox"/> Genderqueer <input type="checkbox"/> Questioning <input type="checkbox"/> Additional: _____	<input type="checkbox"/> Rent or Own House/Apt <input type="checkbox"/> Living with Relatives/Friends <input type="checkbox"/> Renting a Room/Shared Space <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input checked="" type="checkbox"/> Outdoors, Homeless, Streets <input type="checkbox"/> Other (e.g., Place to Place): _____

10. Have you been in jail or prison in the past 12 months?	11. What is the highest level of education you have completed?
<input type="checkbox"/> Yes 1 <input type="checkbox"/> No 0 <input type="checkbox"/> Prefer Not to Answer 1	<input type="checkbox"/> Less than High School <input checked="" type="checkbox"/> High School/GED <input type="checkbox"/> Vocational or Technical School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree




12. Are you a veteran?	Possible Referral for HIV/ID Testing if Q. 10 (pink-shaded response) = 1
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Possible Referral for HIV/ID Testing if Q. 10 (pink-shaded response) = 1

No Wrong Door Integrative Screener 3.0 Provider/Interview Format

Brown Shaded Cells = insert response			
13. Do you currently have a health care provider?		<input type="checkbox"/> Yes ⁰	<input checked="" type="checkbox"/> No ¹
14. When was the date of your last doctor's visit?	Estimated Date:	07/01/13	
15. Are you pregnant?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a. If you are pregnant, are you getting prenatal care?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ¹
b. About how far along are you in your pregnancy (specify months or weeks)?		<input type="checkbox"/> months	<input type="checkbox"/> weeks
16. Have you had a cough, drenching night sweats, or unexplained weight loss for two weeks or more?		<input type="checkbox"/> Yes ¹	<input checked="" type="checkbox"/> No ⁰
DUKE HEALTH PROFILE (The DUKE) Copyright ©1989-2015 by the Department of Community & Family Medicine, Duke University Medical Center, Durham, N.C., U.S.A.			
	Yes, describes me exactly	Somewhat describes me	No, doesn't describe me at all
17. I like who I am	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
18. I am not an easy person to get along with	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 0
19. I am basically a healthy person	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
20. I give up too easily	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0
21. I have difficulty concentrating	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22. I am happy with my family relationships	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
23. I am comfortable being around people	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
TODAY would you have any physical trouble or difficulty:	None	Some	A Lot
24. Walking up a flight of stairs	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
25. Running the length of a football field	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
DURING THE PAST WEEK: How much trouble have you had with:	None	Some	A Lot
26. Sleeping	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
27. Hurting or aching in any part of your body	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
28. Getting tired easily	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
29. Feeling depressed or sad	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
30. Nervousness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
DURING THE PAST WEEK: How often did you:	None	Some	A Lot
31. Socialize with other people (talk or visit with friends or relatives)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
32. Take part in social, religious, or recreation activities (meetings, church, movies, sports, parties)?	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
DURING THE PAST WEEK: How often did you:	None	1-4 Days	5-7 Days
33. Stay home, in a nursing home, or in a hospital because of sickness, injury, or other health problem?	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Possible Referral for Primary Medical Care if Q. 13 = 1, Q. 15a = 1, OR last doctor's visit > 1 year ago			X
Possible Referral for Infectious Disease (TB) testing if Q. 26 (pink-shaded response) = Yes			X
Possible Referral for Primary Medical Care if sum of Q. 19, 24-25, 27, 33 (blue-shaded responses) ≥ 5			X
Possible Referral for Mental Health Treatment (Depression) if sum of Q. 20-21, 26, 28-29 (purple-shaded responses) > 3			X
Possible Referral for Mental Health Treatment (Anxiety) if sum of Q. 18, 21, 23, 26, 28, 30 (purple-shaded responses) > 4			X
Possible Referral for Mental Health Treatment (Dep/Anx) if sum of Q. 20-21, 23, 26, 28-30 (purple-shaded responses) ≥ 5			X

No Wrong Door Integrative Screener 3.0 Provider/Interview Format

34. Have you ever <i>in your lifetime</i> , experienced anything that was unusually or especially frightening, horrible, or traumatic? (such as an assault, combat, or other threatening experience)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
If Yes, was the experience so frightening, horrible, or upsetting that...							
35. In the <u>past 30 days</u> you had any nightmares about it or thought about it when you did not want to?		<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀				
36. In the <u>past 30 days</u> you tried hard not to think about it or went out of your way to avoid situations that remind you of it?		<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀				
37. In the <u>past 30 days</u> you were constantly on guard, watchful, or easily startled?		<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀				
38. In the <u>past 30 days</u> you felt numb or detached from others, activities, or your surroundings related to the experience?		<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀				
Possible Referral for Mental Health Treatment if sum of Q. 35-38 (purple-shaded responses) ≥ 3							
Please select one response only for the following questions...							
39. Have you ever thought about or attempted to kill yourself?		Never <input checked="" type="checkbox"/> ₁	Brief Passing Thought <input type="checkbox"/> ₂				
		Had a Plan <input type="checkbox"/> ₃	Attempted <input type="checkbox"/> ₄				
40. How often have you thought about killing yourself in the past year?		Never <input checked="" type="checkbox"/> ₁	Rarely <input type="checkbox"/> ₂				
		Sometimes <input type="checkbox"/> ₃	Often <input type="checkbox"/> ₄				
		Very Often <input type="checkbox"/> ₅					
Possible Referral for Mental Health Treatment if Q. 39-40 (purple-shaded responses) ≥ 3							
Use the chart to the right as a guide for the following questions:							
		 12oz. Beer	or	 5oz. Wine	or	 1.5oz. Liquor (one shot)	
41. How often do you have a drink containing alcohol, including beer or wine?		Never <input type="checkbox"/> ₀	1 Time a Month or Less <input checked="" type="checkbox"/> ₁	2-4 Times a Month <input type="checkbox"/> ₂	2-3 Times a Week <input type="checkbox"/> ₃	4 Times a Week <input type="checkbox"/> ₄	5 or More Times a Week <input type="checkbox"/> ₄
42. How many drinks containing alcohol do you have on a <i>typical day when you are drinking</i> ?		None, I Don't Drink <input type="checkbox"/> ₀	1 or 2 <input type="checkbox"/> ₀	3 or 4 <input type="checkbox"/> ₁	5 or 6 <input checked="" type="checkbox"/> ₂	7 to 9 <input type="checkbox"/> ₃	10 or More <input type="checkbox"/> ₄
43a. If FEMALE , how often did you have four (4) or more drinks on one drinking occasion this <u>past year</u> ?		Never <input type="checkbox"/> ₀	Less than Once a Month <input type="checkbox"/> ₁	Once a Month <input type="checkbox"/> ₂	Once a Week <input type="checkbox"/> ₃	2 or 3 Times a Week <input type="checkbox"/> ₃	Daily or Almost Daily <input type="checkbox"/> ₄
43b. If MALE , how often did you have five (5) or more drinks on one drinking occasion this <u>past year</u> ?		Never <input type="checkbox"/> ₀	Less than Once a Month <input checked="" type="checkbox"/> ₁	Once a Month <input type="checkbox"/> ₂	Once a Week <input type="checkbox"/> ₃	2 or 3 Times a Week <input type="checkbox"/> ₃	Daily or Almost Daily <input type="checkbox"/> ₄
Possible Referral for Substance Abuse Treatment if Q. 41-43 (green-shaded responses) ≥ 4 (Female ≥ 3)				X			
44. Have you used any tobacco products in the <u>past 30 days</u> ? (cigarettes, cigars, chewing tobacco, little cigars, smokeless tobacco, etc.)		<input checked="" type="checkbox"/> Yes ₁		<input type="checkbox"/> No ₀			
a. If Yes, how often do you use tobacco products?		Daily or Almost Daily <input type="checkbox"/> ₃		Weekly <input type="checkbox"/> ₂	Monthly <input checked="" type="checkbox"/> ₁	Less than Monthly <input type="checkbox"/> ₀	
Possible Referral for Tobacco Cessation Services if Q. 44-44a (red-shaded responses) ≥ 3							

No Wrong Door Integrative Screener 3.0 Provider/Interview Format

Brown Shaded Cells = insert response				
	Ever?		In the past 3 months?	
45. Have you used drugs such as marijuana, heroin, cocaine, LSD, etc.?	<input checked="" type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input checked="" type="checkbox"/> Yes 1	<input type="checkbox"/> No 0
a. If in the <u>past 3 months</u> , check all that apply:				
<input checked="" type="checkbox"/> Marijuana	<input checked="" type="checkbox"/> Heroin	<input type="checkbox"/> Cocaine/Crack		
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Inhalants	<input type="checkbox"/> Other (specify):		
46. Have you taken any prescription medication only for the feeling or experience it caused?	<input checked="" type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input checked="" type="checkbox"/> No 0
47. Have you taken any prescription medication <u>not prescribed for you</u> or <u>in ways it was not prescribed</u> ?	<input checked="" type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input checked="" type="checkbox"/> No 0
48. For non-medical use only, have you injected drugs, steroids, or hormones?	<input checked="" type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input checked="" type="checkbox"/> No 0
49. Have you shared injection equipment (e.g., needles, works) or tattoo/piercing equipment?	<input type="checkbox"/> Yes 1	<input checked="" type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input checked="" type="checkbox"/> No 0
Possible Referral for Substance Abuse Treatment if Q. 45-47 (past 3mo only) (green-shaded responses) = Yes				X
Possible Referral for HIV/D Testing if Q. 48-49 (pink-shaded responses) = Yes				X
If you have ever used alcohol or drugs...				
50. In the <u>past 12 months</u> , have you had sex while high, intoxicated or drunk?	<input checked="" type="checkbox"/> Yes 1		<input type="checkbox"/> No 0	
51. Do you feel more free to be sexual when you are high on drugs or alcohol?	<input checked="" type="checkbox"/> Yes 1		<input type="checkbox"/> No 0	
52. Do you feel too self-conscious to enjoy sex when sober?	<input type="checkbox"/> Yes 2		<input checked="" type="checkbox"/> No 0	
53. Are you convinced that your sexual activity is a significant concern for your recovery?	<input checked="" type="checkbox"/> Yes 2		<input type="checkbox"/> No 0	
Possible Referral for Sexual Health Programming & HIV/D Testing if Q. 50-53 (orange-shaded responses) ≥ 2				X
54. Have you been sexually active with another person in the <u>past 12 months</u> ?	<input checked="" type="checkbox"/> Yes 1		<input type="checkbox"/> No 0	
55. In the <u>past 12 months</u> , how many of your sexual partners have been... (specify # of partners)	56. In the <u>past 12 months</u> , have you had sex with... (check all that apply)			
Male	5		<input checked="" type="checkbox"/> Main Partner (e.g., spouse, boyfriend, girlfriend) 1	
Female	15		<input checked="" type="checkbox"/> Casual Partner 1	
Transgender Male to Female	0		<input checked="" type="checkbox"/> Anonymous Partner 2	
Transgender Female to Male	0		<input type="checkbox"/> HIV+ Partner 2	
Intersex Persons	0		<input checked="" type="checkbox"/> Partner of Unknown HIV Status 2	
			<input checked="" type="checkbox"/> Intravenous Drug User 2	
			<input checked="" type="checkbox"/> MSM (man who has sex with men) 2	
57. In the <u>past 12 months</u> , when you have sex with other people, how often do you or your sex partners use condoms or other barriers like dental dams, gloves, etc.?				
<input type="checkbox"/> Always 0		<input checked="" type="checkbox"/> Sometimes 1		<input type="checkbox"/> Never 1
				<input type="checkbox"/> Not Applicable 0
To determine possible Referral for HIV/D Testing & Sexual Risk Reduction Counseling see page 5.				

No Wrong Door Integrative Screener 3.0 Provider/Interview Format

Brown Shaded Cells = insert response			
58. Have you ever had sex in exchange for drugs, alcohol, money, or something you needed?	<input checked="" type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀	
59. Have you ever had sex with someone who exchanges sex for drugs, alcohol, money, etc.?	<input checked="" type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀	<input type="checkbox"/> Don't Know ₁
60. Were (are) any of your sexual partners in the last 12 months, also having sex with other people?	<input checked="" type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀	<input type="checkbox"/> Don't Know ₁
Possible Referral for HIV/ID Testing if Q.54-60 (pink-shaded responses) ≥3; Sexual Risk Reduction Counseling ≥5			X
61. What is your sexual orientation? (check all that apply)			
<input checked="" type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay	
<input type="checkbox"/> Bisexual	<input type="checkbox"/> MSM (man who has sex with men)	<input type="checkbox"/> WSW (woman who has sex with women)	
<input type="checkbox"/> Questioning	<input type="checkbox"/> Other 	<input type="checkbox"/> Prefer Not to Answer	
62. Have you ever been tested for HIV?			
		<input type="checkbox"/> Yes ₀	<input checked="" type="checkbox"/> No ₁
		<input type="checkbox"/> Don't Know ₁	<input type="checkbox"/> Declined ₁
a. What was the date of your last HIV Test?		If you received a <u>positive</u> test result...	
Month/Year	Apr-14	i. Are you currently receiving medical care/treatment for HIV?	
b. What was the result of this HIV Test?		<input type="checkbox"/> Yes ₀	
<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Preliminary Positive	<input checked="" type="checkbox"/> No ₁	
<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	ii. If you are prescribed HIV medications, do you take them as prescribed?	
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Declined	<input checked="" type="checkbox"/> N/A (not prescribed) ₀	
		<input type="checkbox"/> Yes ₀	<input type="checkbox"/> No ₁
Possible Referral for HIV/ID Testing if never tested (Q. 62 = 1) or date of last HIV test (Q. 62a) > 1 year ago			X
Possible Referral for HIV/ID treatment if sum of Q. 62bi & 62bii (yellow-shaded responses) ≥ 1			
Have you been tested for the following in the past 12 months...			
63. Gonorrhea	<input type="checkbox"/> Yes ₀	<input checked="" type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁
64. Chlamydia	<input type="checkbox"/> Yes ₀	<input checked="" type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁
65. Syphilis	<input type="checkbox"/> Yes ₀	<input checked="" type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁
66. Hepatitis C (HCV)	<input type="checkbox"/> Yes ₀	<input checked="" type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁
67. Hepatitis B (HBV)	<input type="checkbox"/> Yes ₀	<input checked="" type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁
68. Tuberculosis (TB)	<input type="checkbox"/> Yes ₀	<input checked="" type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁
69. Other (e.g., HPV, Trichomoniasis)	<input type="checkbox"/> Yes ₀	<input checked="" type="checkbox"/> No ₁	<input type="checkbox"/> Don't Know ₁
If you have <u>EVER</u> been tested (even if prior to 12 months ago), what was the result of your most recent test?			
70. Gonorrhea	<input checked="" type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁
71. Chlamydia	<input checked="" type="checkbox"/> Positive ₁	<input type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁
72. Syphilis	<input type="checkbox"/> Positive ₁	<input checked="" type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁
73. Hepatitis C (HCV)	<input type="checkbox"/> Positive ₁	<input checked="" type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁
74. Hepatitis B (HBV)	<input type="checkbox"/> Positive ₁	<input checked="" type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁
75. Tuberculosis (TB)	<input type="checkbox"/> Positive ₁	<input checked="" type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁
76. Other:	<input type="checkbox"/> Positive ₁	<input checked="" type="checkbox"/> Negative ₀	<input type="checkbox"/> Don't Know ₁
Possible Referral for HIV/ID Testing if not tested in past 12 mos OR never tested OR positive test result OR testing status or result is unknown; **Refer to manual for additional HIV/ID risk factors when determining testing referral**			X

**No Wrong Door Integrative Screener 3.0
Provider/Interview Format**

What are some of your interests/activities you do for enjoyment, to relax, or to reduce stress?

Spend time with partner Alyssa; Listen to music; Play basketball.

Please use the space below to include any additional comments that you think would be helpful for your care provider(s) to know:

No Wrong Door Integrative Screener 3.0 Interview Page

Brown Shaded Cells = insert client response	Orange Shaded Cells = insert interviewer notes										
Name: <u>Derek S.</u> ID: <u>3354</u> Date: <u>4/7/2015</u>	DOB: <u>07/10/95</u> Age: <u>19</u> Agency: <u>CCC</u>										
77. Have you ever received treatment for substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
78. Have you ever received treatment for mental health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
REFERRAL OPTIONS	Referral Needed?	Agreed to Referral?	Referral Made?								
Primary/Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Mental Health Treatment (ask Q. 78 if referral needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Substance Abuse Treatment (ask Q.77 if referral needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Tobacco Cessation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Sexual Risk Reduction Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Sexual Health in Recovery (Sexual Health Programming)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
HIV Medical Care/Treatment Adherence Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
HIV & Other Infectious Disease Testing & Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Other (e.g., homelessness services):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
READINESS : "On a scale of 1-10 (1 = not at all and 10 = very) how interested/ready are you to begin discussing your"											
79. Physical Health/Medical Care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	N/A <input type="checkbox"/>
80. Mental/Emotional Health (refer to Q. 78)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	N/A <input type="checkbox"/>
81. Substance Use (refer to Q. 77)	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	N/A <input type="checkbox"/>
82. Sexual Risk Behaviors/Infectious Disease Risk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	N/A <input type="checkbox"/>
83. HIV/Infectious Disease Testing & Care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	N/A <input type="checkbox"/>
Interviewer Action:		<i>Motivate</i>				<i>Plan & Refer</i>					
Additional Notes (refer to client additional comments on page 6) :											
Patient complains of stomach pain, possibly related to HIV. Recommended that patient see PCP for further evaluation.											
Provider Completing Screener:								Date:			
Supervisor Review:								Date:			

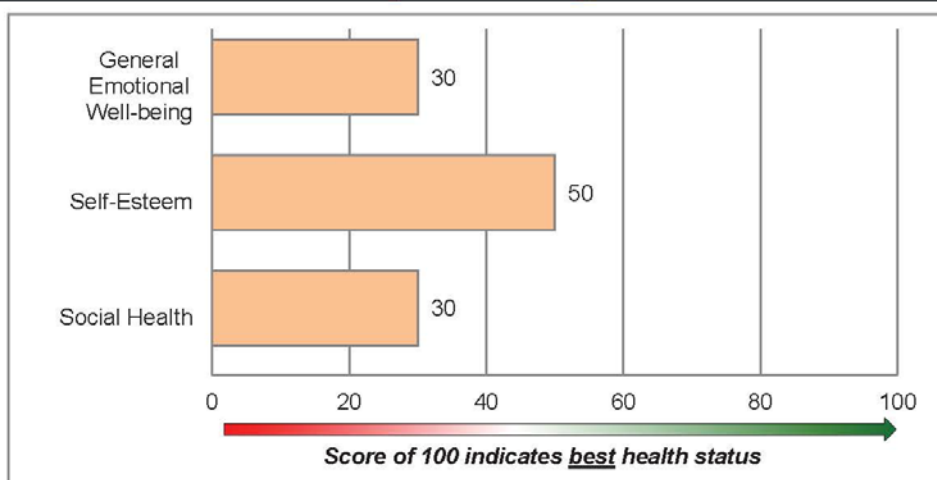
No Wrong Door Integrative Screener 3.0 Feedback Sheets

Name: <u>Derek S.</u>	ID: <u>3354</u>	Date: <u>04/07/15</u>
DOB: <u>07/10/95</u>	Age: <u>19</u>	Agency: <u>CCC</u>

Demographic Information

Age (in years):	<u>19</u>
Country of Origin:	<u>USA</u>
Primary Language:	<u>English</u>
Length of Time Living in US:	<u>N/A (born in US)</u>
Race:	<u>White</u>
Ethnicity:	<u>Not Hispanic or Latino</u>
Sex Assigned at Birth:	<u>Male</u>
Gender:	<u>Male</u>
Sexual Orientation:	<u>Straight/Heterosexual</u>
Current Housing:	<u>Outdoors/Homeless/Streets</u>
Jail/Prison in Past 12 months:	<u>No</u>
Highest Level of Education:	<u>High School/GED</u>
Veteran Status:	<u>No Response; See #12.</u>

Resiliency Factors/Strengths



Scaled scores for Resiliency items. Higher scores *indicate greater resiliency*.

At least 1 item skipped for SOCIAL HEALTH. See Page 2 for missed item(s).

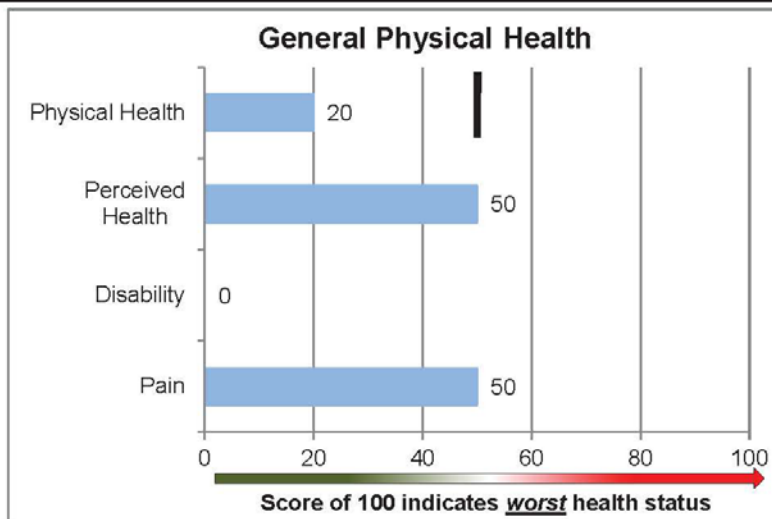
Additional Strengths, Interests, Activities:

Spend time with partner Alyssa; Listen to music; Play basketball

No Wrong Door Integrative Screener 3.0 Feedback Sheets

Name: Derek S. ID: 3354 Date: 04/07/15

Physical & General Health Status



Scaled scores for **Physical Health Status** items. Higher scores indicate **worse health status/greater symptom severity**.

Black vertical line (at score 50) indicates cut-off scores for each domain. Client scores at or above the cut-off for Physical Health indicates a possible need for a Primary Care referral.

Check if Primary Care Referral Recommended

Primary Care Services

Linked to Primary Care Provider? No
 Date of Last Doctor's Visit: 07/01/13
 Time since last visit (years): 1.77

Primary/Medical Care Referral needed if 1) no current Primary Care Provider indicated and/or 2) no physical exam or doctor visit indicated within the past year.

Pregnancy and Prenatal Care

Pregnant? No
 Receiving Prenatal Care? N/A
 Length of Pregnancy to Date (approx. weeks): N/A

Pregnant and not receiving prenatal care indicates a referral need for Primary/Medical Care (Prenatal Care) Referral.

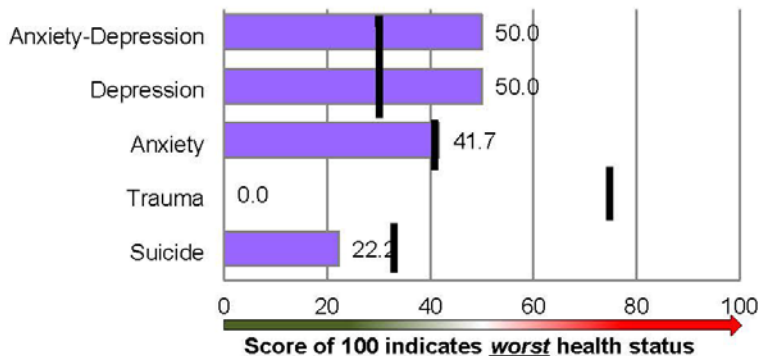
Women who are pregnant should be tested for HIV, syphilis, and hepatitis during their pregnancy. These tests are typically provided through routine prenatal care. If individual is not linked to prenatal care and/or has not received any of these tests since becoming pregnant, an immediate referral to testing/prenatal care is recommended.

No Wrong Door Integrative Screener 3.0 Feedback Sheets

Name: Derek S. ID: 3354 Date: 04/07/15

Mental/Emotional Health

Mental Health - Symptom Severity



Scaled scores for **Mental Health-Symptom** items. Higher scores indicate **greater problem severity**.

Black vertical lines indicate cut-off scores for each domain. Client scores **at or above** the cut-off indicate a possible need for a mental health referral.

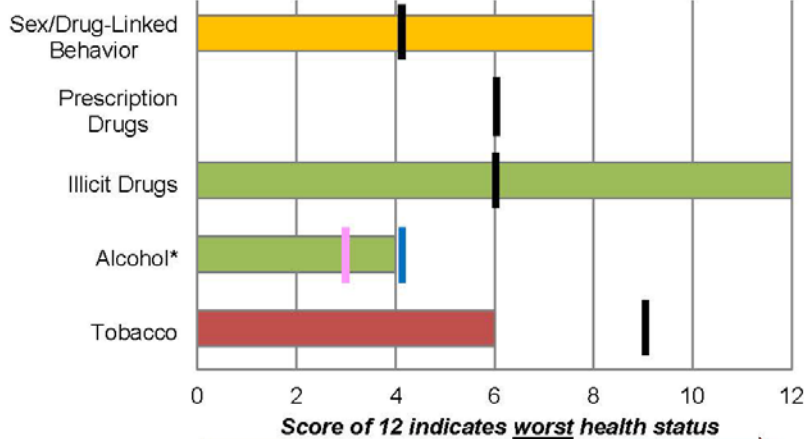
Check if Mental Health Referral Recommended

Prior Mental Health Treatment: No prior mental health treatment reported

Optional SMI Module: **Psychosis:** Missing/Not Completed **Mania:** Missing/Not Completed

Substance Use

Substance Use



* Alcohol cut-off scores:
pink = cut-off for females & adolescents;
blue = cut-off for males.

Scaled scores for **Substance Use** items. Higher scores indicate **greater problem severity**.

Black vertical lines indicate cut-off scores for each domain. Client scores **at or above** the cut-off indicate a possible referral need.

Check if Substance Abuse Treatment Referral Recommended

Check if Tobacco Cessation Referral Recommended

Check if Sexual Health in Recovery Referral Recommended

Prior Substance Abuse Treatment: No prior substance use treatment reported

Illicit Drugs Reported: Marijuana Heroin

Optional Gambling Module: Missing/Not Completed.

No Wrong Door Integrative Screener 3.0 Feedback Sheets

Name: Derek S. ID: 3354 Date: 04/07/15

HIV and Infectious Disease Risk

HIV/ID Risk

Category	High Risk	Moderate Risk	Low Risk	No Risk
Sexual Risk Behavior	High	None	None	None
Sex/Drug-Linked Behavior	High	None	None	None
Other Risk Factors*	None	Moderate	Low	None

Low risk indicates need for HIV/ID testing.

Moderate or High risk in any of the three categories indicates need for HIV/ID testing.

Moderate or High risk in Sexual Risk Behavior and/or Sex/Drug-Linked Behavior categories also indicate a need for risk reduction counseling.

Moderate or High risk in Sex/Drug-Linked Behavior indicates a possible need for Sexual Health in Recovery referral.

**Other = Injection Drug Use; Sharing Needles; Jail or Prison in past year.*

- Check if HIV/Infectious Disease Testing Referral Recommended (based on risk factors)
- Check if Sexual Risk Reduction Counseling Recommended
- Check if Sexual Health Programming (e.g., Sexual Health in Recovery) Recommended

At least 1 item skipped for OTHER ID RISK FACTORS; See item 10.

Sexual Risk Behaviors Endorsed by Client (if blank, none endorsed):

Risky sexual partners (e.g., anonymous, MSM, unknown HIV status).

Multiple sexual partners in past 12 months.

Non-monogamous sexual partners.

Inconsistent condom/barrier use with sexual partners.

Sex in exchange for drugs, money, etc.

Other Risk Factors Endorsed by Client:

Jail/Prison (past 12mo): No Response; See #10.

Injection Drug Use: History, but not within the past 3 months.

Sharing Needles: N/A (never shared needles)

No Wrong Door Integrative Screener 3.0 Feedback Sheets

Name: Derek S. ID: 3354 Date: 04/07/15

HIV and Infectious Disease Testing Status

Individuals at **moderate or high risk for HIV** exposure (i.e., high & moderate risk HIV/Infectious Disease risk behaviors) should be **tested for HIV annually**.

The extent to which a client endorses certain HIV/ID risk factors will determine whether or not a testing referral is warranted. See information below to determine whether or not a client should be referred.

Check if HIV/ID Testing Recommended (based on testing history & risk factors)

HIV Testing History:

Ever tested for HIV: Yes
Date of Most Recent Test (mo/yr): April-14
Most Recent HIV Test Result: Preliminary Positive

HIV Medical Care

HIV Positive? No
 If Positive... *Receiving Medical Care/Treatment?* _____
 Taking Medications as Prescribed? _____

HIV+ individuals who are not linked to HIV care should receive an HIV Medical Care referral. HIV+ individuals who are linked to care but are not treatment adherent should receive a referral for treatment adherence support.

Other (non-HIV) Infectious Disease Testing History

	Most Recent Test Result:	Testing within Past 12mos:	Testing Referral Recommended?*
<i>HIV:</i>	<i>Preliminary Positive</i>	<i>No</i>	<i>YES</i>
<i>Gonorrhea:</i>	<i>Positive</i>	<i>No</i>	<i>YES</i>
<i>Chlamydia:</i>	<i>Positive</i>	<i>No</i>	<i>YES</i>
<i>Syphilis:</i>	<i>Negative</i>	<i>No</i>	<i>YES</i>
<i>Hep-C:</i>	<i>Negative</i>	<i>No</i>	<i>YES</i>
<i>Hep-B:</i>	<i>Negative</i>	<i>No</i>	<i>YES</i>
<i>TB:</i>	<i>Negative</i>	<i>No</i>	<i>--</i>
<i>Other:</i>	<i>Negative</i>	<i>No</i>	<i>--</i>

See 'HIV-ID Testing Recs' sheet for a more detailed listing of the risk factors endorsed by the client that indicate a need for testing for the specified infectious diseases.

Clients who have tested positive for Hepatitis-C and Hepatitis-B should discuss with provider their diagnosis and treatment to determine if further testing and/or medical care is warranted.

Clients who are HIV+ and have not been tested for TB must receive a referral for TB testing. For those who have been tested, retest only needed for possible exposure.

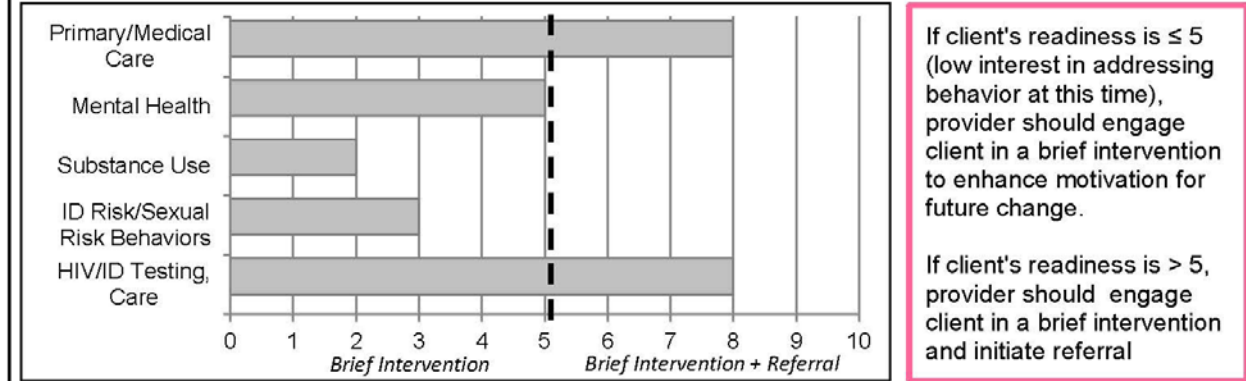
No Wrong Door Integrative Screener 3.0 Feedback Sheets

Name: Derek S. ID: 3354 Date: 04/07/15

Referral & Readiness Information

	<i>Referral Needed</i>	<i>Agreed to Referral</i>	<i>Referral Made</i>
Referrals:			
Primary/Medical Care	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Treatment	X	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	X	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Cessation Services		<input type="checkbox"/>	<input type="checkbox"/>
Sexual Risk Reduction Counseling	X	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health in Recovery (Sexual Health Programming)	X	<input type="checkbox"/>	<input type="checkbox"/>
HIV Medical Care/Treatment Adherence Support	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV & Other Infectious Disease Testing & Counseling	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Case Management	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (<i>specify</i>):		<input type="checkbox"/>	<input type="checkbox"/>

READINESS RATINGS: "On a scale of 1-10 (1 = not at all likely and 10 = very likely) how interested/ready are you to begin discussing your"



Stigma

Mental Health: Missing/Not Completed. **HIV+:** Missing/Not Completed
Substance Use: Missing/Not Completed **MSM:** Missing/Not Completed
If any stigma endorsed, consider addressing as a potential barrier to treatment engagement.

Additional Notes:

Provider: _____ Date: _____
 Supervisor Review: _____ Date: _____

FREQUENTLY ASKED QUESTIONS

This section addresses common questions for providers and agencies working to implement the *NWD Integrative Screener* into their current screening practices. If you have questions/concerns that are not addressed below and think would be helpful to others, please contact the Center for Community Collaboration (see [Contact Page](#)). We will work to address and incorporate additional Q&A into future editions and assist with the needs of providers and agencies through ongoing technical assistance (TA).

1. Do I have to ask all of the questions?
 - a. It is helpful to ask all questions to get the best picture of client's functioning. If questions are omitted it may result in an incomplete picture or under-identification of the presenting problems.
 - b. Using your own phrasing/wording for the questions can help with the flow and style when interviewing a client.
2. Can I only ask items related to specific health domains, or do I have to administer the whole screener?
 - a. The *NWD Integrative Screener* is designed to also work in a modular format to fit your screening needs. This allows agencies to tailor the screener to their specific practices and needs. If you are only interested in addressing specific domains, you can ask questions specific to those modules and score accordingly.
3. What if the client does not want to answer the question?
 - a. Regardless of whether the client is completing the *NWD Integrative Screener* as an interview with a provider or self-report, they are not required to respond to any items that make them uncomfortable. The automatic scoring mechanisms in the Microsoft Excel® based program are designed to calculate totals even with missing items. However, be mindful that the totals may not reflect accurately the client's level of risk if the client does not complete the Screener in its entirety.
 - b. The electronic screener has an additional Missing Values resource (tab 11 in the Excel® program, colored red) to identify items that were left unanswered. This can be helpful to identify questions that were skipped either intentionally or accidentally and allow the provider to follow-up with the client. Refer to [Electronic Use](#) section, starting on page 38 of this manual, for more information.
4. What if the client is unable to answer the question?
 - a. Clients are not required to respond to all the questions. Scoring can be done with items missing but may not be a true representation of risk since cut-off scores are based on all items within a subscale.
 - b. If the client is unable to respond due to a lack of understanding, you can use your own phrasing to help clarify the question and responses.
 - c. Also refer to the **Additional Resources** section, starting on page 80 of this manual, in includes additional information, including commonly used alcohol, drug, and sexual health-related terms.

5. Which item do I ask (43a or 43b) if I am working with a transgender client or gender non-conforming individual?
 - a. Items 43a/b refer to the client’s biological sex (sex assigned at birth). This question pertains to the metabolic and chemical processes relevant for metabolizing alcohol, which differs by biological sex. Although hormone therapy may have some impact on fat distribution, there is little research to suggest that it affects the metabolism of alcohol, and thus biological sex is the more accurate method of assessing problematic drinking (Dimeff et al., 1999). The provider does not need to include “if male” or “if female” when asking the question—it may confuse or offend the client. Referring to how the client responded to item 7 (What sex were you assigned at birth?) can be used to dictate which item to ask the client.

6. What if there are other areas I am interested in screening that are not included on the *NWD Integrative Screener* (e.g., gambling, psychosis)?
 - a. The goal of *NWD Integrative Screener* is to provide a brief yet comprehensive understanding of general functioning across multiple health domains, specifically mental health, substance use, sexual health and HIV and Infectious Disease risk and testing. Therefore, there may be areas that are not addressed in the screener.
 - b. An “Additional Comments” section is included at the bottom of the **Interview Page** for providers to include any information that was not captured by the screener that may be helpful for treatment providers. Also, page 6 of the screener has a section within which clients can provide additional information on their presenting concerns.
 - c. Optional Modules for Internalized Stigma, Gambling, and Severe Mental Illness (psychosis and mania) were created and included within the Excel® program. If there are additional areas that your agency currently screens or would like to screen for, you can supplement the Screener with other screens that are already in use. Please refer to the **Additional Resources** section starting on page 80 of this manual.

7. What if I accidentally clear or alter a cell formula in the Excel® program?
 - a. Any questions or problems encountered with the electronic *NWD Integrative Screener* should be directed to the Center for Community Collaboration for assistance (see [Contact Page](#)).
 - b. It is also recommended that agencies save a blank copy of the original Excel® program in the event that any problems arise.

8. What if I don’t have access to the referral options specified?
 - a. If a referral process is not in place at your agency for a particular health domain, use caution/clinical judgment when asking the items pertaining to that domain.
 - b. If there are domains on the *NWD Integrative Screener* that your agency does not currently have internal or external referrals for, consider consulting the following:
 - Behavioral Health System Baltimore, Inc.
Address: One North Charles St., Suite 1600, Baltimore, MD 21201
Phone: 410-637-1900
Fax: 410-637-1911
Web: <http://www.bhsbaltimore.org/>
 - Maryland Hygiene Administration
Address: Dix Bldg., 55 Wade Ave., Catonsville, MD 21228
Phone: 410-402-8300
Fax: 410-402-8301
Web: <http://www.dhmh.maryland.gov/mha/>
 - Maryland Alcohol and Drug Abuse Administration (ADAA)
Address: Spring Grove Hospital Center, Vocational Rehabilitation Bldg.,

55 Wade Ave., Rm 216, Catonsville, MD 21228
Phone: 410-402-8600
Web: <http://adaa.dhmh.maryland.gov/>

- The Maryland Community Services Locator (MDCSL, www.mdcsl.org) is an online database that includes a list of providers across Maryland, searchable by location and specific services.

ADDITIONAL RESOURCES

No Wrong Door Integrative Screener Training Videos

The Center for Community Collaboration (CCC) has produced a series of videos to equip providers to use the *No Wrong Door Integrative Screener*. These videos are intended to be a helpful resource as you progress through each step of using the screener. These training videos demonstrate the rationale for integrative screening and observing the style utilized to administer the screener. Additionally, the videos provide examples of how to provide feedback and assess readiness in a motivationally enhancing, client-centered manner.

Please note that the training videos were filmed utilizing Version 2.0 of the *No Wrong Door Integrative Screener*. An updated version of the screener is now available -- Version 3.0. The primary differences observed are: 1) the ordering of the items. 2) the Duke Health Profile is presented as a stand-alone instrument nested within the screener. We recommend all those trained to use the *No Wrong Door Integrative Screener* to use the latest version (3.0).

Viewing these videos does not constitute formal training on the *No Wrong Door Integrative Screener*. Please contact the Center for Community Collaboration if you are interested in receiving training on the *Integrative Screener* (see [Contact Page](#)).

The home page for all of the videos is located here:

https://www.youtube.com/playlist?list=PLnj_pHJHqgkUu9mcJnzEYYyqyGavByDML

Simply copy and paste this link into your web browser to access the videos.

The following videos are available for viewing. The length in minutes is listed in parentheses:

1. Introducing Integrative Screening (6:21)

This video provides a brief introduction to the *NWD Integrative Screener* training video series. Dr. Carlo C. DiClemente presents a rationale for integrative screening and an overview of the *NWD Integrative Screener*.

2. Overview of the *No Wrong Door Integrative Screener* (24:55)

This video reviews the screener in detail by providing an overview of the screener as well as general tips for administration and scoring. A full demonstration of screening using the *NWD Integrative Screener* is also included.

3. Brief Interventions: Connecting Risk and Readiness (6:16)

This video describes and demonstrates the brief motivational interview that is part of the *NWD Integrative Screener*. Additionally, the video illustrates the Feedback, Listen Carefully, Discuss Options (F.L.O.) approach for brief interventions and referrals with clients. Demonstrations for clients both low and high in readiness are provided.

4. Feedback using the *No Wrong Door Integrative Screener* (10:23)

This video walks you through the feedback produced using the electronic version of the *NWD Integrative Screener*. Information to guide feedback sessions and discussion of referrals with clients using the Feedback, Listen Carefully, Discuss Options (F.L.O.) approach is discussed.

5. *No Wrong Door Integrative Screener* Case Example: “Irene” (26:44); and

6. *No Wrong Door Integrative Screener* Case Example: “Michael” (28:26)

The final two videos demonstrate screening and feedback using the *NWD Integrative Screener* from start to finish. Throughout the interview and feedback, subtitles appear with tips and clarifications.

Overview of Health Domains

Mental Health. This domain refers to psychological health; primarily concerned with ways of thinking, feeling or behaving (Havens, Peake, Keane, & Aidala, 2009). A mental health problem is defined as a “clinically significant behavioral or psychological pattern” that is associated with some kind of distress or disability or with the increase risk of disability or distress (Havens et al., p. 5). Mental illness goes beyond the everyday ups and downs in moods and interferes with a person’s ability to cope with the ordinary demands and routines of life. Mental health is a broad domain and therefore the *NWD Integrative Screener* casts a wide net, addressing a client’s symptoms of psychological distress. Feelings of depression or anxiety, relational problems, trauma, and suicidality as well as perceptions of their overall wellness, resiliency factors, health, and social interactions are explored through use of the *NWD Integrative Screener*.

Substance Abuse. Substance use refers to the use of alcohol and illicit drugs, like marijuana, cocaine, and heroin, but also the non-prescription use of prescription medication. This also includes the use of nicotine (smoking or chewing tobacco or tobacco-related products). However, the *NWD Integrative Screener* includes tobacco use as a separate category, for a targeted, separate referral.

Substance Abuse Disorders are a major classification of mental health problems, characterized by maladaptive patterns of drugs or alcohol use that interfere with a person’s family and social relationships and/or work performance, as well as impacting psychological or physical health problems.

People with problematic substance use should be referred for further assessment. If left untreated, problematic substance use can interfere with treatment progress in other health domains, and can create long-lasting negative effects in a client’s life. The *NWD Integrative Screener* asks questions about current and past use, as substance use patterns may be cyclical. Although past use does not contribute to risk scores on the *NWD Integrative Screener*, identifying past use can be important to address risk of relapse.

Sex-Drug Linked Behaviors. In addition to screening for substance use, it is important to identify how a client’s substance use may be connected to sexual practices, or may interfere with recovery in other areas of health. For example, some clients may use substances while they engage in risky sexual behaviors that they otherwise would not engage in when sober. This interaction creates a two- fold risk. For this reason the *NWD Integrative Screener* incorporates questions to assess how drugs and/or alcohol are linked with a client’s sexual behaviors.

Sexual Health. Human sexuality encompasses sex, gender identity, sexual orientation, intimacy, pleasure, and reproduction and is considered “a central aspect of being human” (WHO, 2006). Despite the importance of sexuality, health providers consistently underestimate the prevalence of sexual health concerns among their clients (Nusbaum & Hamilton, 2002). This domain is incorporated into the *NWD Integrative Screener* to address a client’s sexual health, in hopes of reducing sexually transmitted infections, unintended pregnancies, and unhealthy sexual practices (Nusbaum & Hamilton, 2002).

When talking with clients about their sexual health, it is important to remember that human sexuality is fluid with many different types of health behaviors and expressions of sexuality and gender identity. It is important to acknowledge and validate sexual behaviors or orientations that you might not understand. In many cases, relationship status and partners is not sufficient information to evaluate a client’s sexual health; sexual orientation and sexual behaviors should always be addressed regardless of an individual’s relationship status.

It is important to convey acceptance and openness to the client's responses and to avoid making assumptions that may be inaccurate. *Your comfort level with these questions will affect the comfort level of the client. Ask the questions in a matter-of-fact, straightforward manner, as you would any other question* (CAMH, 2007). Keep in mind these questions are asked in order to best serve the client's needs; in other words *you are asking because you care* about the client. *When we honor the diversity in one aspect of our client's lives, we honor the diversity in all areas of their lives* (CAMH, 2007).

Infectious Disease. A complex set of factors is used to determine an individual's risk for exposure to an infectious disease, including country of origin, time spent living in the United States, age, sexual behaviors, history of recreational or intravenous drug use, recent incarceration, as well as any previous testing or treatment for STIs. The *NWD Integrative Screener* creates a structured way to ask about a client's history of STIs and to assess a client's current risk using established guidelines and recommendations by the Maryland Department of Health and Mental Hygiene, Center for Disease Control, and other experts in the field of infectious disease.

Additional Screening and Assessment Recommendations

In addition to the *NWD Integrative Screener* and the resources used to create it, below is a list of additional screening and assessment tools to consider for use. This is intended to provide alternative screening instruments for each domain as well as point to recommended assessments to use in the event that a client screens positive and needs additional assessment. While there are many instruments available for each of the listed domains, at least one screening instrument and one assessment have been included for each health domain, when possible. Only instruments with documented sound psychometric properties or are widely accepted for use are included in this list.

To ensure that any new screener or assessment produces valid results, it is important to consult the appropriate training and education resources to administer the instrument appropriately

If interested in searching for additional instruments, please visit:

<http://www.integration.samhsa.gov/clinical-practice/screening-tools>

Multiple (Combined) Health Domains

Global Appraisal of Individual Needs—Short Screener (GAIN-SS) (screening) - 23 items across 4 dimensions: internalizing disorders, externalizing disorders, substance disorders, and crime/violence

- Website: <http://www.gaincc.org/products-services/instruments-reports/gainss/>
- Reference: Dennis, M. L., Chan, Y. F., & Funk, R. R. (2006). Development and validation of the GAIN Short Screener (GAIN-SS) for psychopathology and crime/violence among adolescents and adults. *The American Journal on Addictions, 15*(supplement 1), 80-91.

Structured Clinical Interview for DSM-IV (SCID) (assessment)- Diagnostic exam based on DSM-IV criteria; assesses across various DSM diagnoses

- Reference: First, M.B., Spitzer, R.L., Gibbon, M., & Williams, J.B. (1997). Structured Clinical Interview for DSM-IV axis 1 disorders, clinical version (SCID-CV). *Washington, DC: American Psychological Association.*

General Mental Health

Center for Epidemiologic Studies Depression Revised (CESD-R) (screening)- 20-item measure of symptoms of depression (sadness, loss of interest, appetite, sleep, thinking/concentration, guilt, fatigue, movement, & suicidal ideation)

- Website: <http://cesd-r.com/>
- Created by Radloff and revised by Eaton and colleagues
- Reference: Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.
- Reference: Eaton, W.W., Smith, C., Ybarra, M., Muntaner, C., & Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and Revision (CESD and CESD-R). In M.E. Maruish (Ed.). *The use of psychological testing for treatment planning and outcomes assessment: Volume 3: Instruments for adults (3rd ed)* (pp. 363-377). Mahwah, NJ US: Lawrence Erlbaum Associated Publishers.

Patient Health Questionnaire (PHQ Full and PHQ-9) (screening and assessment)- diagnostic tool for mental health disorders and includes items regarding mood, anxiety, alcohol, eating, and somatoform modules. *Note:* the PHQ-9 is a screening instrument specific for depression.

- Website (full and shortened version available): www.phqscreeners.com/
- Reference: Spitzer, R. L., Kroenke, K., & Williams J. B. (1999). Validation and utility of a self-report version of PRIME-MD: The PHQ Primary Care Study. *Journal of the American Medical Association*, 282, 1737-1744.
- Reference: Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 6, 606-613.

Client Diagnostic Questionnaire - Short Form (CDQ) (screening)- 177 items designed to screen for mental health disorders among persons infected with HIV or high risk of infection.

- Website: www.hivguidelines.org/resource-materials/screening-tools/mental-health-screening-tools/
- Reference: Aidala, A., et al. (2004). Development and validation of the patient diagnostic questionnaire (CDQ): a mental health screening tool for use in HIV/AIDS service settings. *Psychology, Health, and Medicine*, 9(3), 362-379.

Trauma

PTSD Checklist (PCL) (screening)- 12-item self-report measure intended to cover the 17 DSM-IV symptoms of PTSD. There are three versions of the PCL: PCL-M (military), PCL-C (civilian), and PCL-S (specific)

- Website: <http://www.ptsd.va.gov/professional/pages/assessments/ptsd-checklist.asp>
- Reference: Blanchard, E.B., Jones-Alexander, J., Buckley, T.C., Fornens, C.A. (1996). Psychometric properties of the PTSD Checklist. *Behavior respiratory therapist journal*, 34, 669-673.
- Reference: McDonald, S.D. & Calhoun, P.S. (2010). The diagnostic accuracy of the PTSD checklist: A critical review. *Clinical Psychology Review*, 30, 976-987.

Clinician Administered PTSD Scale (CAPS) (assessment)- 30 item structured interview that corresponds to the DSM-IV criteria for PTSD and can be used to make a current (past month) or lifetime diagnosis of PTSD or assess symptoms over the last week.

- Website: <http://www.ptsd.va.gov/professional/pages/assessments/caps.asp>
- Reference: Blake, D.D., Weathers, F.W., Nagy, L.M., Kaloupek, D.G., Gusman, F.D., Charney, D.S., Keane, T.M. (1995). The development of a clinician-administered PTSD scale. *Journal of Traumatic Stress*, 8, 75-90.

Suicidality

Suicide Behaviors Questionnaire-Revised (SBQ-R) (screening)- 4-items covering dimensions of suicidality: lifetime ideation, frequency of ideation over last 12 months, threat of suicide, likelihood for future suicide.

- *Note:* Two of the four items of this suicide screening instrument were used in the *NWD Integrative Screener*
- Website: <http://www.integration.samhsa.gov/images/res/SBQ.pdf>
- Reference: Osman, A., Bagge, C.L., Gutierrez, P. M., Konick, L.C., Kopper, B.A., & Barrios, F.X. (2001). The suicidal behaviors questionnaire- revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment*, 8, 443- 454.

Beck Scale for Suicide Ideation (BSS) (assessment)- 21-item self-report questionnaire to identify presence and severity of suicidal ideation; in addition to respondents suicidal plan, deterrents to suicide, and level of openness to revealing suicidal thoughts.

- *Note:* This assessment needs to be purchased and can be found on the Pearson website referenced below.
- Website: <http://www.pearsonclinical.com/psychology/products/100000157/beck-scale-for-suicide-ideation-bss.html?Pid=015-8018-443>
- Reference: Beck, A.T., Steer, R.A., Ranieri, W.I. (1988). Scale for suicide ideation: Psychometric properties of a self-report version. *Journal of Clinical Psychology*, 44, 499-505.

Substance Use

Addictions Severity Index (ASI) (assessment)- a semi-structured interview to be administered by clinician or interviewer, assessing problems in 7 areas: physical health, employment and financial support, criminal activity, family and social relationships, psychiatric symptoms, drug use, and alcohol use.

- Website: <http://www.tresearch.org/tools/download-asi-instruments-manuals/>
- Reference: McLellan, A. T., Cacciola, J. C., Alterman, A. I., Rikoon, S. H., & Carise, D. (2006). The Addiction Severity Index at 25: origins, contributions, and transitions. *Journal of Addiction*, 15(2), 113-24.
- Reference: Kosten, T. R., Rounsaville, B., & Kleber, H. D. (1983). Concurrent validity of the Addiction Severity Index. *Journal of Nervous and Mental Disorders*, 171, 606-610.
- Reference: Makela, K. (2004). Studies of reliability and validity of the Addiction Severity Index. *Addiction*, 99, 398-410.

Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) (screening)- 8 item screener designed to help primary health professionals detect substance use problems; developed for the World Health Organization by an international group of substance abuse researchers

- *Note:* the ASSIST was used for the illicit drug portion of the *NWD Integrative Screener*, however the ASSIST in its entirety can be used to screen for alcohol, smoking, and other substances.
- Website: www.who.int/substance_abuse/activities/assist/en/
- Reference: Humeniuk, R. E., et al. (2008). Validation of the Alcohol Smoking and Substance Involvement Screening Test (ASSIST). *Addiction*, 103(6), 1039-1047.

CAGE - Adapted to Include Drugs (CAGE-AID) (screening)- 4-item questionnaire to detect alcoholism and adapted for drugs

- Website: www.partnersagainstpain.com/hcp/pain-assessment/tools.aspx (listed under “Aberrant Drug-Related Behaviors”)
- Reference: Steinweg, D. L., & Worth, H. (1993). Alcoholism: The keys to the CAGE. *American Journal of Medicine*, 94, 520-523.

Infectious Disease

Alcohol and Drug Abuse Division Infectious Disease (screening and assessment)

- *Infectious Disease Behavioral Screen* (screening)
 - Self-administered or used in a face-to-face interview
 - Identify behaviors that put clients at risk for HIV and Hepatitis B and C exposure
- *Infectious Disease Behavioral Interview* (assessment)- interview to be conducted after screen in the medium risk or high risk categories for acquiring/transmitting HIV and Hepatitis
- Website: <http://www.westslopecasa.com/wp-content/uploads/2013/12/Infectious-Disease-Medical-Behavioral-Screens-amended.pdf>

Gambling

South Oaks Gambling Screen (SOGS) (screening)- 20 item questionnaire originally based on DSM-III criteria for pathological gambling. Its classification accuracy has been demonstrated using the DMS-IV criteria.

- Website: <http://www.ncrq.org/sites/default/files/uploads/docs/monographs/sogs.pdf>
- Reference: Lesieur, H.R. & Blume, S.B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 144, 1184-1188.
- Reference: Stinchfield, R. (2002). Reliability, validity, and classification accuracy of the South Oaks Gambling Screen (SOGS). *Addictive behaviors*, 27, 1-19.

Stigma

Internalized Stigma of Mental Illness Inventory (ISMI) (screening)- 29-item scale related to internalized stigma of mental illness; includes five subscales: Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal, and Stigma Resistance.

- Reference: Ritsher, J.B., Otilingam, P.G., & Grajales, M. (2003). Internalized stigma of mental illness: psychometric properties of a new measure. *Psychiatry Research*, 121, 31-49.

Internalized Stigma of Substance Abuse (ISSA) (screening) - consists of 29-items to measure personal experience with stigma related to substance (adapted from the ISMI referenced above); includes five subscales: Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal, and Stigma Resistance.

HIV Stigma Scale (screening)- 40-item scale to measure the stigma perceived by individuals with HIV; includes four subscales: Personalized Stigma, Disclosure, Negative Self Imagine, and Public Attitudes.

- Website: <http://peer.hdwg.org/sites/default/files/ValidatedEvaluationInstruments.pdf>
- Reference: Berger, B.E., Ferrens, C.E., Lashley, F.R. (2001). Measuring stigma in people with HIV: Psychometric assessment of the HIV stigma scale. *Research in Nursing and Health*, 24, 518-529.

Mania and Psychosis

Brief Psychiatric Rating Scale (BPRS) (screening)- comprehensive 24-item symptom scale

- Website: http://www.public-health.uiowa.edu/icmha/outreach/documents/bprs_expanded.pdf
- Reference: Overall J E & Gorham D R. The brief psychiatric rating scale. *Psychol. Rep.* 10:799-812, 1962

Structured Interview for Prodromal Symptoms (SIPS) (assessment)- assessment of prodromal symptoms

- Reference: Miller, T.J., McGlashan, T.H., Rosen, J.L. et al. (2003). Prodromal assessment with the structured interview for prodromal syndromes and the scale of prodromal symptoms: Predictive validity, interrater reliability, and training to reliability. *Schizophrenia Bulletin*, 29, 703-715.

Positive and Negative Symptoms Scale (PANSS) (assessment)- 30-item instrument that assesses severity of both positive and negative symptoms of Schizophrenia, including a positive scale, negative scale, and general psychopathology scale

- Website: <http://www.emotionalwellbeing.southcentral.nhs.uk/component/search/?searchword=PANSS&ordering=&searchphrase=all>
- Reference: Kay, S.R., Flszbein, A., & Opfer, L.A. (1987). The Positive and Negative Syndrome Scale (PANSS) for Schizophrenia. *Schizophrenia Bulletin*, 13(2), 261-276.

Considerations for the Use with Adolescents

Although the *NWD Integrative Screener* is based on items and measures primarily intended for and validated in adult populations, available research suggests that it may also be appropriate with adolescent populations as young as twelve. Given the significant developmental differences for children younger than 12 years old, we do not recommend the use of the *NWD Integrative Screener* with this population.

Should the *NWD Integrative Screener* be used with adolescents, please take note of these important considerations:

1. Confidentiality and ethical considerations

Prior to screening (or doing any clinical work with) adolescents, providers should be aware of ethical and legal guidelines regarding confidentiality and reporting to guardians. Also, providers must understand their agency's policies for reporting or disclosing an adolescent's risk to their caregiver. In any case, clinical judgment and consultation with a supervisor should be used to decide the extent of disclosure that is best for the client.

While generally participation in screening is voluntary, this choice is usually up to the adolescent's guardian rather than the adolescent him/herself. Also, because caregivers will need to provide consent for any future assessment or treatment for their child, they should be consulted regarding screening results. Guardian consent and involvement may vary, depending on state and/or agency guidelines and type of services provided. In Maryland, for example, a guardian must consent to treatment and other mental health-related activities (e.g., screening and assessment) until the adolescent is 15 years old (title 10, Code of Maryland Regulations). Regardless of who is making the choice, adolescents should be provided a clear explanation of the screening process and purpose and given the right to refuse participation if they are able. Providers who work with adolescents should be competent in how to best discuss *risks* in a culturally-competent manner with the client and his/her guardian, without identifying specific diagnoses or conditions. (Recall the *NWD Integrative Screener* is a screener—not an assessment—and therefore no diagnostic conclusions should be drawn or conveyed to the client.)

2. Framing brief interventions using client readiness


Readiness is important to consider with any client, but especially when working with adolescents. As many teens enter services based on others' recommendations or mandates (e.g., parents, court system, Social Services), the provider should acknowledge that these young individuals may not see reason to change at this time. However, providers can also work to engage and provide education to raise doubts and increase perception of the risks and problems associated with specific behaviors. Conversely, providers should not assume that all young clients are resistant to change; motivators may already exist, like playing sports or taking care of younger siblings, which may encourage them to consider change.

3. Introducing the topic of high-risk behavior (drug use, sexual behavior, sex/drug-linked behaviors)

High-risk behavior, such as substance use and sexual activity, is common among adolescents. There is a strong relationship between substance misuse and risky sexual behavior in this population; and combined these behaviors can put youth at increased risk for HIV and other infectious diseases. Survey data suggests that many youth are exposed to alcohol and drugs at an early age. A national study found that about 19% of eighth graders have used illicit substances in their lifetime, and 30% have drunk alcohol; these numbers increase to 49% and 70%, respectively, among 12th graders (Johnston et al., 2013). A second national study found that 6.2% of high school students reported having sex prior to the age of 13 (CDC, 2012).

Forty-six percent (46%) of high school students (grades 9-12) reported having sexual intercourse, and by 12th grade more than half (63%) of students are reporting sexual activity. Many of these sexually active adolescents are at increased risk for infectious diseases, as only two-thirds of those who are currently sexually active use condoms consistently and about a quarter (22%) reported they were under the influence of drugs or alcohol during their most recent sexual experience.

Providers should work to develop confidence in their ability to initiate discussions with adolescents regarding substance use and sexual behaviors. It is important to discuss these issues with a non-judgmental attitude in order to help put the adolescent at ease and increase honest reporting. The provider may also need to take time to educate the client as necessary. Consider rewording items to better suit adolescent clients.

54. Have you been sexually active with another person in the past 12 months?		<input type="checkbox"/> Yes ₁	<input type="checkbox"/> No ₀
55. In the past 12 months, how many of your sexual partners have been... (specify # of partners)		56. In the past 12 months, have you had sex with... (check all that apply)	
Male		<input type="checkbox"/> Main Partner (e.g., spouse, boyfriend/girlfriend)	
Female		<input type="checkbox"/> Casual Partner	
Transgender Male to Female		<input type="checkbox"/> Anonymous Partner	
Transgender Female to Male		<input type="checkbox"/> HIV+ Partner	
Intersex Persons		<input type="checkbox"/> Partner of Unknown HIV Status	
		<input type="checkbox"/> Intravenous Drug User	
		<input type="checkbox"/> MSM (man who has sex with men)	

4. Consider using validated adolescent instruments to supplement Integrative Screening results

Although the use of the *NWD Integrative Screener* is appropriate for use with adolescents, not all of the items contained in this screener have been validated in this population. Specifically, the Primary Care PTSD (PC-PTSD) Screen items that are used in the IS to screen for trauma and PTSD-related symptoms have not been validated on an adolescent population; however, adolescent screeners include items that are similar to those included in the PC-PTSD Screen. Therefore, included below are the measures used, in full or in-part, in the IS that have been validated and/or recommended for adolescent use, as well as possible screening alternatives that have been validated with adolescent populations. Additionally, SAMHSA has an excellent resource for child and adolescent screening and assessment, which includes validated instruments for mental health and substance abuse concerns (SAMHSA, 2011).

▪ **Physical Health:**

- Duke Health Profile (see Vo et al., 2005 for validation information)
<http://healthmeasures.mc.duke.edu/>

▪ **Mental Health (General):**

- Duke Health Profile (see Vo et al., 2005 for validation information)
<http://healthmeasures.mc.duke.edu/>
- *Alternative:* Pediatric Symptom Checklist
<http://www.massgeneral.org/psychiatry/assets/PSC-35.pdf>

▪ **Trauma:**

- *Alternative:* Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA)
<http://www.ptsd.va.gov/professional/assessment/child/caps-ca.asp>

- **Suicide:**
 - Suicide Behaviors Questionnaire-Revised (see Osman et al., 2001 for validation information)
<http://www.integration.samhsa.gov/images/res/SBQ.pdf>
 - *Alternative:* Ask Suicide-Screening Questions (ASQ)- 4 items adapted from the Suicide Ideation Questionnaire
<http://www.nimh.nih.gov/news/science-news/ask-suicide-screening-questions-asq.shtml>

- **Substance Use:**
 - Alcohol Use Disorder Identification Test- Consumption (AUDIT-C) (see Chung et al., 2000 for validation information) – *Note:* for adolescents, the cutoff score ≥ 3 .
http://www.integration.samhsa.gov/images/res/tool_auditc.pdf
 - *Alternative:* CRAFFT
<http://www.ceasar-boston.org/clinicians/crafft.php>

- **Sexual Behavior:**
 - *Alternative:* Youth Risk Behavior Survey (YRBS) – items 59-65
http://www.cdc.gov/healthyyouth/yrbs/questionnaire_rationale.htm

Guidance for HIV & Other Infectious Disease Testing Referrals

Various factors can contribute to risk associated with contraction of HIV and other infectious diseases (ID) and may necessitate a referral for testing. This resource outlines the factors assessed by the *NWD Integrative Screener* and provide additional considerations for testing for each ID.

HIV	<p>HIV+ Clients: Refer for additional testing as appropriate If <i>NOT</i> in HIV care, set up with a referral</p>
	<p><u>Clients tested for HIV in last 3 months:</u> Should <i>NOT</i> be referred for HIV testing, regardless of other risk behaviors</p>
	<p style="text-align: center;"><u>All clients should be referred for HIV testing, if:</u></p> <ul style="list-style-type: none"> • The client has <u>never been tested for HIV</u>, is <u>not sure if he/she has been tested</u> for HIV, or <u>declines to respond</u> to the question of whether or not he/she has ever been tested for HIV • The client's last HIV test was <u>more than 12 months ago</u> • The client is pregnant and has <u>not had an HIV test while pregnant</u>
	<p style="text-align: center;"><u>Men who have sex with men (MSM):</u> Should be referred for HIV testing if their last HIV test was more than 3 months ago</p>
	<p style="text-align: center;"><u>Non-MSM tested for HIV in last 3-12 months, should be referred for HIV testing if:</u></p> <ul style="list-style-type: none"> • The client has <u>been in jail or prison in the past 12 months</u> or declines to report whether or not he/she has been in jail or prison • The client has <u>injected drugs, steroids, or hormones</u> non-medically in their lifetime • The client has ever <u>shared injection equipment</u> • The client has had sex with a partner in the past 12 months who is: <ul style="list-style-type: none"> ▪ Anonymous ▪ HIV positive ▪ Intravenous drug user • The client has <u>had sex in exchange</u> for drugs, money, or something else he/she needed OR has <u>had sex with someone who exchanges sex</u> for drugs, money, etc. • The client's sexual partner(s) is/are or may be having sex with other people • The client's most recent <u>syphilis test OR HCV test were positive</u>
	<p style="text-align: center;"><u>Additional factors warranting testing:</u></p> <ul style="list-style-type: none"> • If the client reports having sex while high or intoxicated in the past 12 months and one or more of the following: <ul style="list-style-type: none"> ○ Has <u>10 or more alcoholic drinks</u> on days when he/she drinks ○ The client has <u>had 4 (women)/5 (men) drinks daily or almost daily</u> in the past year ○ The client has <u>used heroin, cocaine/crack, or methamphetamine</u> in the past 3 months • The client has had sex with a <u>partner of unknown HIV status AND has not always used condoms</u>

SYPHILIS	<u>Men who have sex with men (MSM):</u> Should be referred for testing
	<p style="text-align: center;"><u>All clients</u></p> <ul style="list-style-type: none"> • The client has <u>been in jail or prison in the past 12 months</u> or declines to report whether or not he/she has been in jail or prison • The client is <u>pregnant and has not had a syphilis test while pregnant</u> • The client has had <u>3 or more partners</u> of any sex/gender in the past 12 months • The client has had sex with a partner in the past 12 months who is: <ul style="list-style-type: none"> ▪ Anonymous ▪ HIV positive ▪ Intravenous drug user • The client has <u>had sex in exchange</u> for drugs, money, or something else he/she needed OR has <u>had sex with someone who exchanges sex</u> for drugs, money, etc. • The client's sexual partner(s) is/are or may be having sex with other people • The client's most recent <u>gonorrhea or chlamydia tests was positive</u>

GONORRHEA	<u>Men who have sex with men (MSM):</u> Should be referred for testing
	<p style="text-align: center;"><u>All clients</u></p> <ul style="list-style-type: none"> • The client has had <u>3 or more partners</u> of any sex/gender in the past 12 months • The client has had sex with a partner in the past 12 months who is: <ul style="list-style-type: none"> ▪ Anonymous ▪ HIV positive ▪ Intravenous drug user • The client has <u>had sex in exchange</u> for drugs, money, or something else he/she needed OR has <u>had sex with someone who exchanges sex</u> for drugs, money, etc. • The client's sexual partner(s) is/are or may be having sex with other people • The client's most recent <u>chlamydia or syphilis tests was positive</u>

CHLAMYDIA	<u>Females</u> Who are under 25 years old and sexually active should be referred for testing
	<p style="text-align: center;"><u>All clients</u></p> <ul style="list-style-type: none"> • The client has had <u>3 or more partners</u> of any sex/gender in the past 12 months • The client has had sex with a partner in the past 12 months who is: <ul style="list-style-type: none"> ▪ Anonymous ▪ HIV positive ▪ Intravenous drug user • The client has <u>had sex in exchange</u> for drugs, money, or something else he/she needed OR has <u>had sex with someone who exchanges sex</u> for drugs, money, etc. • The client's sexual partner(s) is/are or may be having sex with other people • The client's most recent <u>gonorrhea or syphilis tests was positive</u>

HEPATITIS

Baby Boomers (HCV Only):

If the client was born between 1946 and 1964 and has never been tested for HCV, refer for testing

All clients

- The client has been in jail or prison in the past 12 months or declines to report whether or not he/she has been in jail or prison
- The client is pregnant and has not had an HBC or HCV test while pregnant
- The client has injected drugs, steroids, or hormones non-medically in their lifetime
- The client has ever shared injection equipment
- The client has had 3 or more partners of any sex/gender in the past 12 months
- The client has had sex with a partner in the past 12 months who is:
 - Anonymous
 - HIV positive
 - Intravenous drug user
- The client has had sex in exchange for drugs, money, or something else he/she needed OR has had sex with someone who exchanges sex for drugs, money, etc.
- The client's sexual partner(s) is/are or may be having sex with other people
- The client's most recent gonorrhea, chlamydia or syphilis tests was positive

TUBERCULOSIS

Active TB Evaluation:

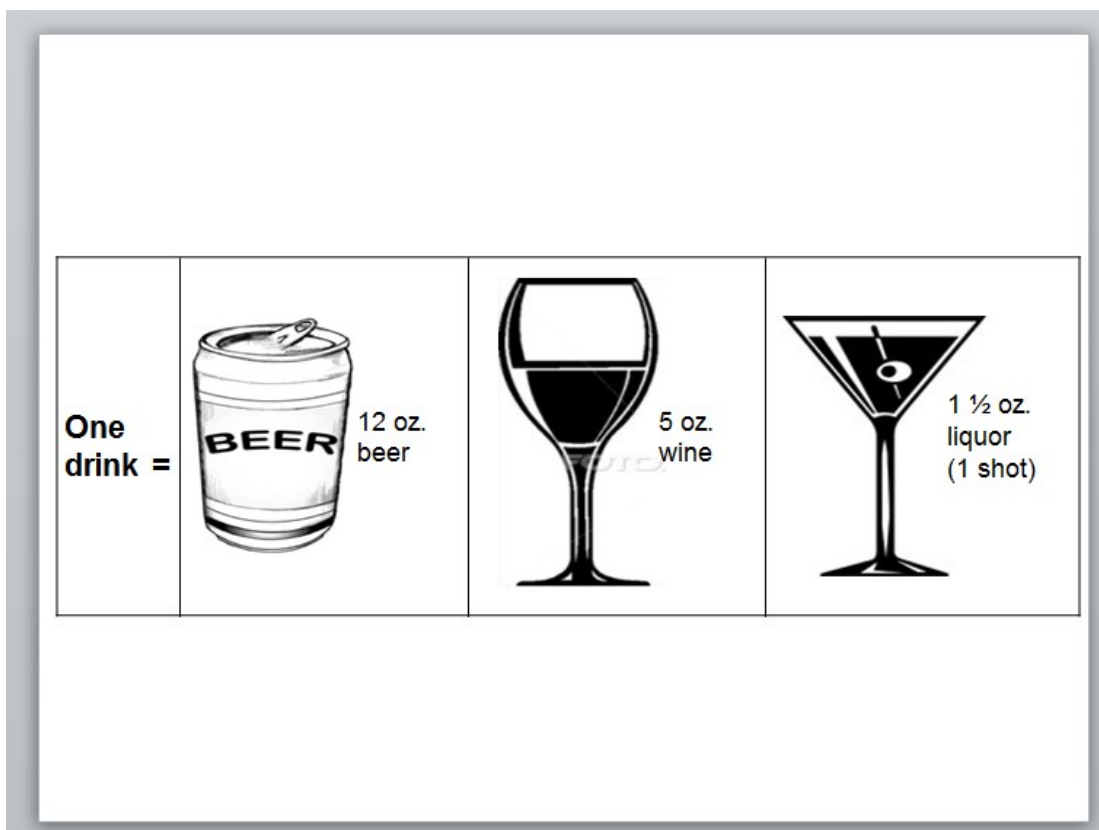
The client has experienced a cough for 2 weeks or more, and/or drenching night sweats, and/or unexplained weight loss

TB Screening

- The client is in substance abuse treatment AND has not been tested for TB in the past 12 months (or cannot provide documentation)
- The client is from a high or medium risk country AND has been in the US for 5 years or less AND has not been tested for TB in the past 12 months (or cannot provide documentation)
 - High or medium risk countries include any country NOT in North America, Western Europe, Australia, New Zealand, United Arab Emirates, or Israel
- The client has lived in a shelter, group home, or has moved from place to place in the past 12 months AND has not been tested for TB in the past 12 months (or cannot provide documentation)

Response Cards

None	Some	A Lot
No, does not describe me at all	Somewhat describes me	Yes, describes me exactly
















Referral Options for Risk/Symptoms in Health Domains

Each of the health domains included in the *NWD Integrative Screener* links to one or more possible referral option. The health domains and referral options are displayed in the table below.

		Referral Options							
		Primary Medical Care	Mental Health Treatment	Substance Abuse Treatment	Tobacco Cessation Services	HIV Treatment	HIV/ID Testing	Sexual Risk Reduction Counseling	Sexual Health and Recovery (if available)
Health Domains	Primary Care/ Pregnancy	X							
	Physical Health	X							
	General Mental Health		X						
	Trauma		X						
	Suicidality		X						
	Alcohol Use			X					
	Tobacco Use				X				
	Illicit or Rx Drug Abuse			X					
	Sex/Drug-Linked Behavior						X	X	X (if also current substance abuse)
	Sexual Behaviors						X	X	
	Other ID Risk						X		
	HIV/ID Testing						X		
	HIV Treatment					X			

Alcohol Drink Chart

	Beer* (5% alc)	# std drinks		Wine (12% alc)	# std drinks		Liquor (80 prf)	# std drinks		Malt Liquor (7% alc)	# std drinks
	Standard Bottle or Can (12oz)	1		Glass (5oz)	1		Nip or Shot (1.5oz)	1		8oz	1
	Dixie Cup (small one) (4 oz)	.3		Standard Bottle (750ml)	5		Half pint (200mL)	4.5		Standard Bottle or Can (12oz)	1.5
	Pint Red Party Cup (16oz)	1.3		Large Bottle (1L)	7		Pint (375mL)	8.5		Pint Red Party Cup (16oz)	2
	Very Large Cans (22oz)	2		Magnum (1.5L)	10		Fifth (750mL)	17		Very Large Cans (22oz)	2.5
	Forty bottle (40oz)	3.3		Gallon (3L)	20.3		Quart (1L)	22.5		Forty Bottle (40oz)	4.5
	Pitcher (64oz)	5.3					Half Gallon/ Handle (1.75L)	39			

* Wine cooler is the same as beer

Common Mixed Drinks:

- If mixed drink is made at home assume the mixed drink contains: 1 part alcohol to 2 parts juice/soda, unless noted otherwise (i.e., 12 oz rum and coke = 4 oz of rum and 8 oz of coke: 2.7 standard drinks)
- If made at a bar assume mixed drink has one shot of alcohol (1.5 oz) unless otherwise noted = 1 standard drink
- Long Island Iced Tea = 5 standard drinks
- Martini =2 standard drinks
- Margarita =1.5 standard drinks
- Case of beer = ranges from 18-30 beers

Drug Chart

	Street Names	Looks Like/How It's Used	Acute Effects
Alcohol	Booze	Liquid (e.g. Beer, wine, liquor) Swallowed	Relaxation, increased sociability, lowered inhibitions, slurred speech, decreased coordination, blackouts and memory loss (at high doses)
Tobacco	Cancer sticks, chew, cigarettes, dip, fags, smokes, snuff, spit	Ground, dried leaves Smoked, snorted, chewed	Alertness, relaxation, nausea
Cannabis products			
Marijuana	Bud, Ganja, Grass, Herb, Joint, Mary Jane, Pot, Reefer, Skunk, Weed	Dried flowering tops of cannabis plant Smoked, swallowed	Pain relief, reduced nausea, increased appetite, slowed thinking and reaction time, increased giggling or laughing, racing heart, impaired short-term memory, euphoria, paranoid and anxious thoughts
Stimulants			
Cocaine/ Crack	Big C, Blow, Bump, Coke, Nose candy, Rock, Snow	White powder, chunks, rocks Snorted, smoked, injected	Restlessness, increased heart rate, alertness, wakefulness, irritability, Elation, euphoria, feelings of confidence, paranoia Notable: Cocaine accounts for a high proportion of ER visits
Amphetamine	Dex, Red Devils, Robo, Skittles, Syrup, Triple C, Tussin	Liquid, pills, powder, gel caps Swallowed	Alertness, increased sociability, increased sex-drive, reduced appetite, restlessness, increased heart rate, uncontrollable movements (e.g., twitching), paranoia, euphoria
Methamphetamine	Chalk, Crank, Crystal, Fire, Glass, Ice, Meth, Speed	White or yellow powder, large rock-like chunks Swallowed, injected, snorted, smoked	Increased energy, decreased need for sleep, involuntary body movements (e.g., twitches), insomnia, excessive talking, sweating, grinding teeth, irritability, anxiousness, euphoria
Prescription Medications	Adderal, Ritalin	Typically in pill form Swallowed	Increased heart rate, improved focus and concentration, loss of appetite, euphoria, feelings of energy and invigoration

	Street Names	Looks Like/How It's Used	Acute Effects
Club Drugs			
MDMA (Ecstasy)	Adam, Bean, E, Ecstasy, Molly, Roll, X, XTC	Branded tablets Swallowed, snorted, injected	Increased tactile sensation, rapid involuntary eye jiggling, insomnia, increased body temperature, dehydration, anxiety, displays of affection, teeth clenching, anxiety, euphoria, feeling of love and empathy, depression post-use Notable: often impure
GHB	G, Georgia home boy, Goop, Grievous bodily harm, Liquid ecstasy/X Scoop, Soap	Chemical salt/powder mixed with liquid Swallowed	Vomiting, loss of coordination, increased sociability, decreased motor skills, slurred speech, euphoria, relaxation Notable: sharp dose response curve; accidental overdose is possible, mixing with alcohol may lead to adverse effects
Dissociative Drugs			
Ketamine	Cat Valium, K, Special K, Vitamin K	Liquid, powder Snorted, injected (often intramuscularly)	Decreased sensitivity to pain, slurred speech, impaired coordination, respiratory depression, euphoria, sense of calm, dissociation of mind from body, paranoia, severe confusion, disorganized thinking
PCP	Angel dust, (love) Boat, Hog, Peace pill	Liquid (sometimes used on tobacco or marijuana) Smoked, snorted, injected	Psychotic episodes, aggression, altered time perception
Opiates			
Heroin	Brown Sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse	White/tan/brown powder or black tar-like substance Injected, smoked, snorted	Drowsiness, impaired coordination, dizziness, nausea, sedation, feeling of heaviness in the body, slowed breathing, euphoria, apathy, confusion
Opium	Big O, Black stuff, Block, Gum, Hop	Dark/black tar-like substance Swallowed, smoked	Decreased alertness, impaired coordination, itchy skin, increased urination, sweating, inability to concentrate, impaired breathing, euphoria, relaxation, relief of pain and anxiety, sense of emotional detachment,
Oxycodone		White, odorless, crystalline powder, typically in tablet form swallowed	Pain relief, nausea/vomiting, constipation, dizziness and/or drowsiness, itchy skin, flush skin, sweating, impaired breathing, mood changes,

	Street Names	Looks Like/How It's Used	Acute Effects
Psychedelics/ Hallucinogens			
LSD	Acid, Blotter, Blue heaven, Cubes, Microdot, Yellow sunshine	Tablets, paper, liquid Swallowed, absorbed through mouth tissue or skin	Visuals (e.g., color shifts), increased body temperature and heart rate, loss of appetite, sleeplessness, difficulty focusing, change in perception of time, rapid mood shifts, feelings of insight, paranoia
Mescaline/ Peyote	Buttons, Cactus, Mesc, Peyote,	Crystals, powder Swallowed, smoked	Body tremors, nausea, sweating
Psilocybin Mushrooms	Shrooms, Sacred/magic mushrooms	Pieces or whole mushrooms Swallowed	Nausea
Other			
Inhalants (e.g. Nitrous Oxide)	Bagging, Dusting, Huffing, Popper, Snappers, Whippets	Paint thinners, glues, nail polish remover, aerosol cans, Inhaled through nose or mouth	Sound distortion, loss of balance, increased giggling and laughing, dizziness, headaches, nausea, slurred speech, impaired coordination
Bath Salts		White/brown powder	Increased sociability, increased sex drive, hallucinations, euphoria, paranoia Notable: typically include multiple psychoactive compounds

*Adapted from National Institute on Drug Abuse, 2011 and The Partnership at Drugfree.org, 2010

Glossary of Sexual Health and Identity Terms

* This list is not exhaustive as new terms and definitions emerge constantly and may be culture specific. This list is intended to help clarify terms and topics that may be unfamiliar to you, yet it is more important to form a strong therapeutic relationship (i.e., convey a sense of genuine concern and empathy) and be willing to ask your client to define an unfamiliar term.

Term	Definition
Asexual	A person who is not sexually and/or romantically attracted to other persons.
Autosexual	A person whose significant sexual involvement is with oneself or someone who prefers masturbation over partnered sex.
Bigender	A person whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.
Bisexual	A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women.
Biphobia	Irrational fear and dislike of bisexuals.
Circuit Party	Weekend dance party usually attended by urban gay males. These parties typically occur on a holiday weekend, and just as with many dance clubs and bars, many of their patrons are involved in substance use and abuse.
Coming Out	The process through which a person identifies, acknowledges, and decides to share information about their sexual orientation and/or gender identity with others.
Cross-dresser	A person who dresses in clothing typically worn by people of the opposite gender, but who generally has no intent to live full-time as the other gender.
Drag King	A woman who dresses as a man for the purpose of entertaining others at bars, clubs, or other events.
Drag Queen	A man who dresses as a woman (often celebrity women) for the purpose of entertaining others at bars, clubs, or other events. <i>Note: The term drag queen is also used as slang, sometimes in a derogatory manner, to refer to all transgender women.</i>
Family of Choice	Persons an individual sees as significant in his or her life. It may include none, all, or some members of his or her family or origin. In addition, it may include individuals such as significant others or partners, friends, coworkers, etc.
FTM	A person who transitions from female-to-male (FTM), meaning a person who was assigned the female sex at birth but identifies and lives as a male. <i>Note: Also known as a transgender man.</i>
Gay	A type of sexual orientation. A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men. <i>Note: The term gay may be used by some women who prefer it over the term lesbian.</i>
Gender expression	The manner in which a person represents or expresses their gender identity to others. <i>Note: Gender expression may be conveyed through behavior, clothing, hairstyles, voice, and/or body characteristics.</i>
Gender Identity	A person's internal sense of being male, female, or other identity describing or characterizing their gender. Since gender identity is internal, one's gender identity is not necessarily visible to others. For example, a person may be born biologically male yet have a female gender identity.
Gender non-conforming	A person whose gender expression is different from societal expectations related to their perceived gender.

Genderism	The assumption that all people must conform to society's gender norms and, specifically, the binary construct of only two genders (male and female). Genderism does not accept people to be intersex, transgender, transsexual, or genderqueer.
Genderqueer	A term used by persons who may not entirely identify as either male or female.
Hermaphrodite	A person born with both male and female reproductive organs. <i>See "Intersex" Note. This term is not commonly used and is often perceived as offensive.</i>
Heterosexism	Value and belief that heterosexuality is the only "natural" sexuality and that it is inherently healthier than or superior to other types of sexuality. Heterosexism is the ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community.
Heterosexuals	A type of sexual orientation. Persons with a primary sexual and affectional orientation toward persons of the opposite gender. Heterosexuals are often referred to as straight.
Homophobia	Irrational fear or dislike of homosexuals. This includes the discomfort and dislike that some heterosexuals have toward lesbian, gay, bisexual, and transgender individuals.
Homosexual	A type of sexual orientation. A person with a primary sexual and affectional orientation toward persons of the same gender. Male homosexuals are often referred to as gay, whereas female homosexuals are referred to as lesbians.
Internalized Homophobia	Accepting and believing the negative messages of the dominant group as they relate to gay men and lesbians; the internalized self-hatred that gays and lesbians struggle with as a result of heterosexual prejudice.
Intersex	A type of gender identity. Intersex is the term that has recently replaced "hermaphrodite." Intersex people possess some blend of male and female physical sex characteristics. Many intersex people consider themselves to be part of the transgender community.
Lesbian	A type of sexual orientation. A female who self-identifies as having an emotional, sexual, and/or relationship attraction to other females.
LGBTTIQ	A common acronym for lesbian, gay, bisexual, transsexual, transgender, two-spirit, intersex, and queer individuals/communities. This acronym may or may not be used in a particular community. For example, in some places, the acronym LGBT (for lesbian, gay, bisexual, and transgender/transsexual) may be more common.
MSM	An acronym used to identify "Men who have Sex with Men" (MSM). <i>Note: MSM is a term used to identify and describe a behavior among males and is not the same as a sexual identity or sexual orientation.</i>
MTF	A person who transitions from Male-to-Female (MTF), meaning a person who was assigned the male sex at birth but identifies and lives as a female. <i>Note: Also known as a transgender woman.</i>
Non-operative	The status of a transsexual individual who will not undergo sex reassignment surgery. Also called non-op.
Outing	The act of exposing information about a person's sexual orientation and/or gender identity without their consent.
Passing	A term used by transgender people that they are being seen by others as the gender with which they self-identify. For example, a transgender man (assigned the female sex at birth) who most people see as a man might say that he is "passing" as a man.
Passive Partner	Term frequently used in reference to male-to-male sexual behavior, specifically the receptive partner during sexual intercourse.
Polysexual	An orientation that does not limit affection, romance, or sexual attraction to any gender or sex, and that further recognizes there are more than just two sexes.
Postoperative Person	A transsexual who has completed gender reassignment surgery.

Preoperative Person	A transsexual who is contemplating gender reassignment surgery.
Queer	A term usually used to refer to specific sexual orientations (e.g., lesbian, gay, bisexual). <i>Note: Some individuals use queer as an alternative to “gay” in an effort to be more inclusive, since the term “queer” does not convey a sense of gender. However, depending on the user, the term can have either a derogatory or an affirming connotation.</i>
Sexual Identity	The erotic, physical, and emotional attraction to members of one’s own gender, the opposite gender or both genders, and one’s label of this affinity and attraction.
Sexual Minorities	People who identify as LGBTTTIQ.
Sexual Orientation	A person’s emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, and homosexual (i.e. lesbian and gay).
Significant Other	A life partner, domestic partner, lover, boyfriend, or girlfriend. It is often equivalent to the term “spouse” for LGBTTTIQ people.
Transgender person	A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth, regardless of the status of surgical or hormonal gender reassignment processes. <i>Note: The term transgender has been used to describe a number of gender minorities including, but not limited to, transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people. “Trans” is shorthand for “transgender.”</i>
Transgender man	A transgender person who currently identifies as a male (see also “FTM”).
Transgender woman	A transgender person who currently identifies as a female (see also “MTF”).
Transphobia	Irrational fear or dislike of transgender individuals.
Transsexual person	Individual with biological characteristics of one sex who identifies himself or herself as the opposite gender. A transsexual person has an intense and sometimes long-term experience of being the sex opposite to his or her birth-assigned sex. There are female-to-male and male-to-female transsexuals. Transsexuals usually desire to change their bodies to fit their gender identities and do this through hormone treatment and gender reassignment surgery. <i>Note: a female-to-male transsexual (transman) is assigned a female sex at birth, but feels like a male and identifies as a (transsexual) boy/man. A male-to-female transsexual (transwoman) is assigned a male sex at birth, but feels like a female and identifies as a (transsexual) girl/woman.</i>
Trans and Transpeople	These are non-clinical terms that usually include transsexual, transgender, and other gender-variant people.
Two-Spirit	Two-Spirit is an English word used by First Nation and other indigenous peoples for those in their culture who are gay, lesbian, intersex, transsexual, transgender or have multiple gender identities.
Transition	A term used to describe the period during which a transgender person begins to express their gender identity. <i>Note: During transition, a person may change their name, take hormones, have surgery, and/or change legal documents to reflect their gender identity.</i>
WSW	An acronym used to identify women who have sex with women. WSW is a term used to identify and describe a behavior among females; this is not the same as a sexual identity or sexual orientation.

Glossary Adapted from: Center for Addiction and Mental Health, 2007

HIV Testing Options

Type of Test	Specimen (Mode of Collection)	Screening (S); Confirmatory (C)	Provision of Results	Advantages	Potential Settings
Standard HIV Test	Serum or Plasma (Phlebotomy)	(S) Enzyme immunoassay (EIA); (C) Western blot or immunofluorescence assay (IFA)	Typically takes 1-2 weeks	Highly sensitive, rare false-positives, high-volume processing, utility for testing for other conditions	Blood screening, various settings and populations
Rapid Test	Serum, plasma, whole body (Phlebotomy, finger stick)	(S) Rapid EIA; (C) Western blot/IFA	Negative results and preliminary positive at time of testing. Confirmatory testing at another visit	Convenient, increased receipt of test results, can be used in urgent medical circumstances	Settings with low return rates, prenatal/labor and delivery for prophylaxis, healthcare settings for decisions regarding post-exposure prophylaxis
Home sample collection Test	Dried Blood Spot (finger stick)	(S) EIA; (C) Western blot/IFA	Receive result when client calls (typically 3-7 days)	Convenient, anonymous, private, conserves public resource	Outreach settings, community-based settings, syringe exchange programs, rural areas, settings serving clients not at increased risk, home
Oral Fluid Test	Oral Mucosal transudate (oral fluid collection device)	(S) EIA; (C) oral mucosal transudate and Western blot	Typically takes 1-2 weeks	Non-invasive, non-technical collection, no venipuncture, decreased infectious hazard, utility in nonclinical settings	Outreach settings, community based settings, syringe exchange programs, drug tx centers, adolescent and school-based/university clinics
Urine-Based Test	Urine (urine cup)	EIA; Urine western blot	Typically takes 1-2 weeks	Non-invasive, non-technical collection, no venipuncture, decreased infectious hazardous, utility in nonclinical settings, utility of testing for other conditions	Same as Oral Fluid Test

Table Source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm#box2>

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