

No Wrong Door Integrative Screener

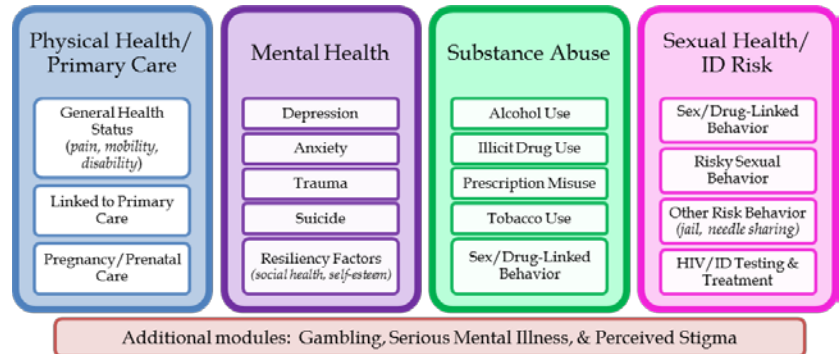
The screener was developed by Center for Community Collaboration (CCC) at the University of Maryland, Baltimore County (UMBC) as part of the No Wrong Door (NWD) project supported by the Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, Infectious Disease Bureau through a Minority AIDS Initiative grant from the Substance Abuse and Mental Health Services Administration (Grant No: SM-11-006).

The Purpose of the No Wrong Door Integrative Screener:

In developing this screener CCC staff s drafted a comprehensive screening instrument using the following guiding principles: the screener should be provider and client friendly, be a brief screener that identifies positive current needs and risks, be based on empirically supported or widely utilized or recommended existing screening measures, and cover the NWD-targeted health categories (i.e., physical health, mental health, substance use, HIV and infectious disease (ID) risk, gender, sexual orientation).

Important Features of the No Wrong Door Integrative Screener:

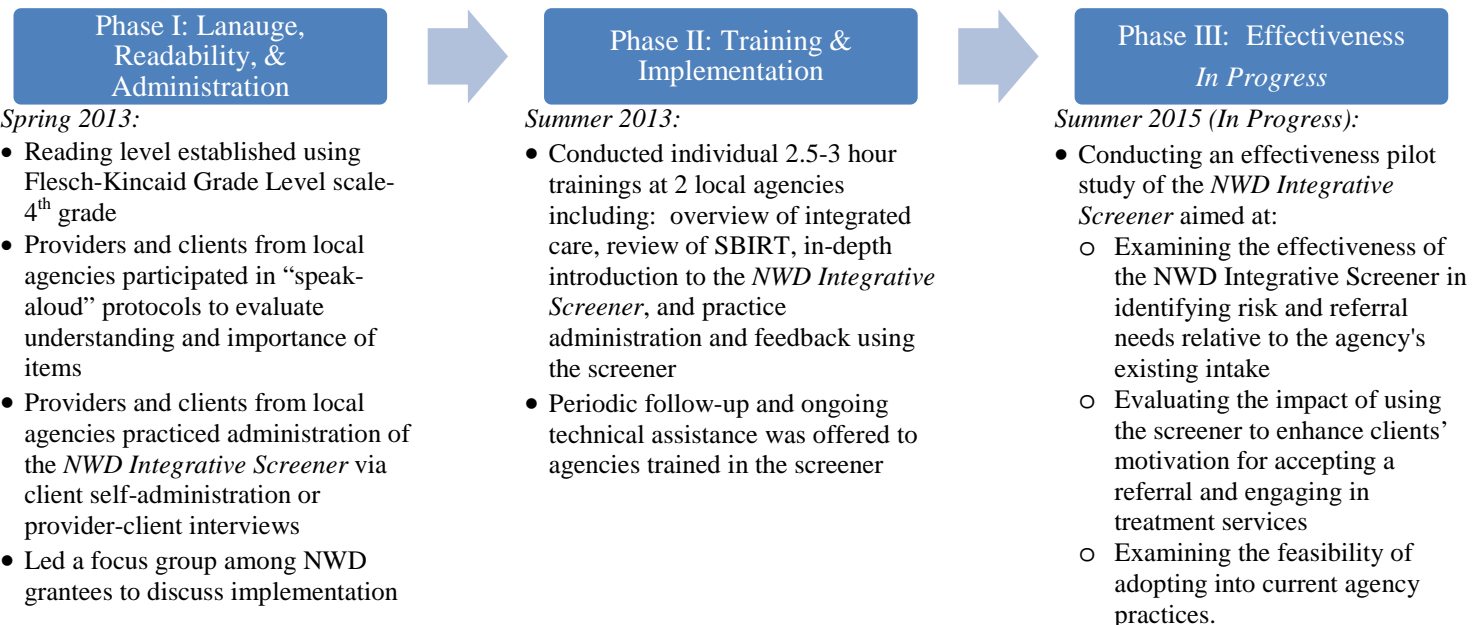
- **Comprehensive:** Uses validated and widely used screening measures to screen across risk and resiliency factors.
- **Flexible:** It can be administered in various formats (e.g. interview or self-report; paper-and-pencil or electronic) and at multiple time points to meet the needs of the agency.
- **Tracking Capabilities:** The electronic format has the ability to track individual progress and/or agency level data over time.



Development of the No Wrong Door Integrative Screener:

A preliminary draft of the *NWD Integrative Screener* was reviewed by the IDB management and evaluation staff, NWD partners, and direct service providers; recommendations regarding format and content recommendations were incorporated.

Pilot Activities:



Conclusion and Next Steps:

The *No Wrong Door Integrative Screener* is a product of ongoing collaboration among No Wrong Door partners, administrative and provider agency staff, and treatment-seeking clients. Clients and providers alike generally understand and are comfortable with the included items and see them as necessary and important questions to ask clients who are entering or are engaged in treatment. Piloting supports the usability, utility, and acceptability of the screener.