

***No Wrong Door  
Integrative Screener  
v.3.0  
Brief User Guide***



**University of Maryland, Baltimore County  
Department of Psychology  
Center for Community Collaboration**

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## About the Authors

The Center for Community Collaboration (CCC) is located in the University of Maryland, Baltimore County (UMBC) Department of Psychology. The CCC was initially created as a university-community collaborative with the Infectious Disease Bureau (IDB), Prevention and Health Promotion Administration (PHPA), of the Maryland Department of Health and Mental Hygiene in 2004. Our mission has been to provide capacity building and training services for the implementation of evidence-based practices within direct care services agencies.

The following current and former CCC staff, contributed to the writing of this manual:

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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*.

# 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.

## Purpose of the *NWD Integrative Screener* Brief User Guide

This *No Wrong Door Integrative Screener Brief User Guide* is designed to be an easy to use reference for completing the screener, including screening, scoring, engaging client in brief interventions, and making referrals. Regardless of the format used (paper-and-pencil vs. electronic), this brief user guide provides the essential tips needed for each step of the process.

Throughout this guide, references are made to additional resources located in the *No Wrong Door Integrative Screener full User Guide* so that supplementary information may be consulted as needed. The *No Wrong Door Integrative Screener User Guide* (referred to throughout this manual as the "full User Guide") contains detailed instructions for the use of the *NWD Integrative Screener* in multiple format options (e.g., paper-and-pencil, computer, or tablet). The full User Guide also provides examples to demonstrate the overall screening process and includes over 20 pages of additional resources to assist with implementation. The *No Wrong Door Integrative Screener User Guide* can be downloaded from our website.

## 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 concentrating on only a single healthcare need. Through the use of a comprehensive approach, clients stand to achieve better overall health outcomes.

According to SAMHSA (2013a), the purpose of integrative screening is to:

- Determine the likelihood that an individual is experiencing problems or concerns across multiple health domains.
- Expedite access to appropriate services and referrals, including exploration of service needs (medical, housing, trauma, etc.).
- Have a goal of identifying individuals who may have co-occurring disorders and related service needs.
- Help individuals who screen positive obtain appropriate services and referrals 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 and 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:**
  - Is comprehensive and usually considers multiple domains of functioning
  - Is individualized to address needs and identify strengths
  - Gathers key information and enables the practitioner to identify health concerns and diagnosis health conditions; and sometimes may identify strengths and barriers that may impact treatment engagement
  - Establishes a baseline of signs, symptoms, and behaviors 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.

# 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 2.
- 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 34 of the full User Guide)
- 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, see page 92 of the full User Guide.

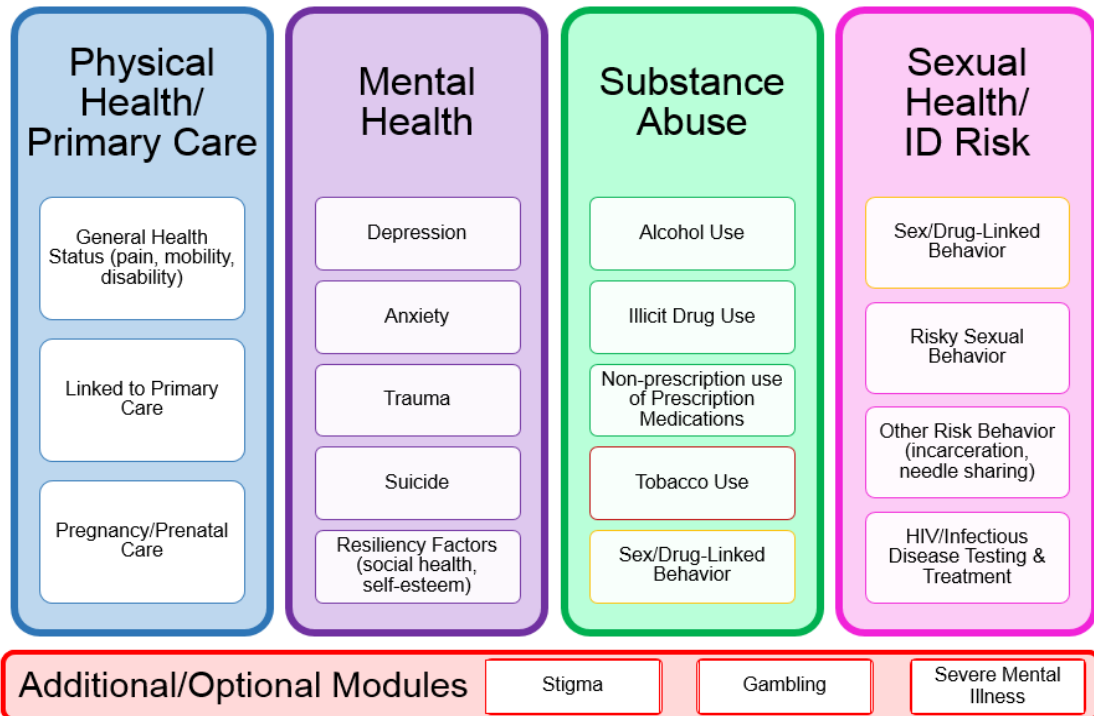
## ***No Wrong Door Integrative Screener Training Videos***

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 the "Additional Resources" section of the full User Guide.

## No Wrong Door Integrative Screener Overview & Features

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 highly utilized and trusted instruments and recommended resources (see the “Appendix” of the full User Guide for complete list). 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 the *NWD Integrative Screener* include:

- **Comprehensiveness:** It draws from several validated instruments and recommended questionnaires 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
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- **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.



## 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 introducing the screener to the client and anticipate what other questions your client might have throughout the interview. For example, you may want to address the following:
  - *Length*: “This part of the interview will take about 15 minutes.”
  - *Confidentiality* (based on your agency/program policies): “Your answers are completely confidential and will be kept in your secured file.”
  - *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 are encouraged. It will be important to create a safe environment in order to promote honest responding.
- **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.

Original Question		Example Alternative Wording
39. Have you ever thought about or attempted to kill yourself?	→	39. Have you ever thought about killing yourself? Did you ever had a plan in place? Have you ever made an 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> ?  43b. If MALE, how often did you have five (5) or more drinks on one drinking occasion this <u>past year</u> ?	→	43. In the last year, how often have you had four(five) or more alcohol drinks on a single occasion?
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**NOTE:** Please use biological sex to answer question #43. 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 (i.e., number of drinks) to ask the client.

50. In the past 12 months, have you had sex while high, intoxicated, or drunk?	→	50. You mentioned that you use - _____. Have you had sex while you were using?
--	---	--

- **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 a shift in topic may be helpful in making the 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 the “Resources” section of the full User Guide). 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 in the “Additional Resources” section of the full User Guide and is also available on the CCC website.
- **Be mindful of the distinction between sexual *orientation* and sexual *behaviors*.** 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.

## Administration & Scoring Options

The *NWD Integrative Screener* offers versatility in its administration and reporting features. The screener can be administered in a self-report or interview format and can be scored either electronically or visually (paper-and-pencil). We recommend electronic administration and scoring, as there are several features associated with this form of administration and scoring that aid in completing the screening and referral process efficiently.

The *NWD Integrative Screener* has two ways of collecting information: 1) Text boxes for open-ended questions (brown-shaded boxes for written/typed responses) and 2) Multiple choice (check boxes for indicating the client response(s)).

### **Text boxes:**

Date:		Name:		ID Number:	
Date of Birth:		Agency Name:		Provider Initials:	
1. Age:	2. Country of Origin:	3. What is your primary language?			

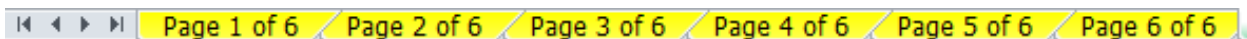
### **Check boxes:**

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.)

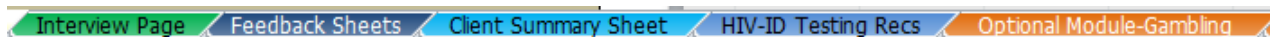
### **Special Considerations: Electronic Administration**

(see “Electronic Use” section of the full User Guide for more detailed instructions)

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



- 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.

### **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 sections indicated by brown (client response) or peach (provider notes) shading. 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.

Additionally, if a client is completing the screener using the electronic format on their own (i.e., self-report) it may be helpful to make only the first six (6) tabs available to them. This ensures that the client does not see their results before a provider can thoroughly discuss the results with them. Therefore, it may be necessary to first “hide” tabs while the client is completing the screener and then “unhide” them to review the **Feedback Sheets** and complete the **Interview Page**.

#### **Utilizing hidden tabs in Excel®:**

- **Hide:** To hide a tab, right-click the tab you wish to hide and then select “Hide”.
- **Unhide:** To view a hidden page, right-click any tab and select “Unhide”. Another box will appear where you will select the tab you want to display and then press “OK”.

### **Special Considerations: Paper-and-Pencil Administration**

(see “Paper-and-Pencil Administration” section of the full User Guide for more detailed instructions)

#### **Visual Scoring**

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 interview (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 on the

interview (provider) format, providers can determine the client’s level of functioning and identify referral needs for each health domain based on the cut-off scores listed.

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
Possible Referral for Mental Health Treatment if sum of Q.39-40 (purple-shaded responses) $\geq 3$					

2) **One Page Scoring Sheet.** This sheet is helpful when using the self-report (client) format of the screener when shading, point values, and cut-off scores (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 (see “Visual Scoring” section of the full User Guide for complete instructions).

A general outline of the procedures based on the specific format administered can be found in the table on the next page.

		SCREEN	SCORE	FEEDBACK/BI	REFERRAL
<b>ELECTRONIC FORMAT</b>	<b>Provider/Interview</b>	Complete the <i>NWD Integrative Screener (pp. 1-6)</i> : type in open-ended responses & select endorsed response options.	Scoring and “Referral Needed” column on <b>Interview Page</b> automatically completed. Risk levels and referral needs shown on the <b>Feedback Sheets</b> .	<ol style="list-style-type: none"> <li>1. Use the <b>Feedback Sheets</b> to discuss client risks/referral needs.</li> <li>2. Use the <b>Interview Page</b> to assess readiness &amp; engage client in a brief intervention: <ul style="list-style-type: none"> <li>• Check off client readiness ratings for each domain in which a referral is needed</li> <li>• Check off whether client “Agreed to Referral”</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Check off “Referral Made” column on <b>Interview Page</b>.</li> <li>2. Review <b>Client Summary Sheet</b> &amp; fill in the “<i>Next Steps</i>”.</li> </ol>
	<b>Client/Self-Report</b>		Unhide other tabs in the Excel® document. Scoring and “Referral Needed” column on <b>Interview Page</b> automatically completed. Risk levels and referral needs shown on the <b>Feedback Sheets</b> .		
<b>PAPER &amp; PENCIL FORMAT</b>	<b>Provider/Interview</b>	Complete the <i>NWD Integrative Screener (pp. 1-6)</i> : write in open-ended responses & check off endorsed response options.	<ol style="list-style-type: none"> <li>1. Check off Referral Indicators on the screener (pp. 1-5).</li> <li>2. Check of “Referral Needed” column on <b>Interview Page</b>.</li> </ol>	<ol style="list-style-type: none"> <li>1. Use the client’s responses to discuss risks/referral needs.</li> <li>2. Use the <b>Interview Page</b> to assess readiness &amp; engage client in a brief intervention: <ul style="list-style-type: none"> <li>• Check off client readiness ratings for each domain in which a referral is needed</li> <li>• Check off whether client “Agreed to Referral”</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Check off “Referral Made” column on <b>Interview Page</b>.</li> <li>2. Complete the <b>Client Summary Sheet</b> based on feedback &amp; client’s agreed upon referrals.</li> </ol>
	<b>Client/Self-Report</b>		<ol style="list-style-type: none"> <li>1. Complete one page <b>Scoring Sheet</b>.</li> <li>2. Check of “Referral Needed” column on <b>Interview Page</b>.</li> </ol>		
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 generated.					

## 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 the next page):

- **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.

- **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), a brief intervention can be used 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 resistance to and reasons for change. Although the client may not be ready to accept a referral at this point, it is important for the provider to:

- Advise the client about the importance of behavior change,
- Inform the client of their options, and
- Discuss a time to follow-up on the issue while honoring the client's right and responsibility to make their own decision.

- **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 resistance to and their reasons for change. The provider should then 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.

In the electronic version, the "Referrals Needed" will automatically be calculated based on client response and an "X" will appear in this box.

In the paper-and-pencil version, 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 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"/>	<input type="checkbox"/>							
Mental Health Treatment (ask Q. 78 if referral needed)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>							
Tobacco Cessation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Sexual Risk Reduction Counseling	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>							
HIV Medical Care/Treatment Adherence Support	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>							
Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Other (e.g., homelessness services):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<b>READINESS :</b> "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"/> 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 checked="" type="checkbox"/> 8	<input type="checkbox"/> 9	The client's readiness rating will determine the provider's course of action – motivate or plan & refer.	
80. Mental/Emotional Health (refer to Q. 78)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9		
81. Substance Use (refer to Q. 77)	<input type="checkbox"/> 1	<input checked="" 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 type="checkbox"/> 9		
82. Sexual Risk Behaviors/Infectious Disease Risk	<input type="checkbox"/> 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
83. HIV/Infectious Disease Testing & Care	<input type="checkbox"/> 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 checked="" type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	N/A
<b>Interviewer Action:</b>		<i>Motivate</i>				<i>Plan &amp; Refer</i>					
<b>Additional Notes (refer to client additional comments on page 6) :</b>											
Patient complains of stomach pain, possibly related to HIV. Recommended that patient see PCP for further evaluation.											



## Brief Interventions

Brief interventions (BI) are intended to take advantage of teachable moments to motivate a person to change. **A 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 5-10 minutes.
- 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 (for a complete discussion, review the "Addressing Readiness" section of the full User Guide).
- Tailor the approach to promote increased motivation for change—the more effective brief interventions are those that are adapted to match the client's readiness to change.

Now we will describe a three step "**FLO**" approach to using brief interventions when time is limited (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 the client's situation to convey clear, specific, client-tailored advice.

### Step 2 – Listen Carefully

Ask the client about their reactions to the screening results and use basic motivational enhancement 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;
- Support the client's self-efficacy by affirming efforts to change.

### Step 3 – Discuss Options

Identify the client's readiness to address areas of risk and use this to collaboratively discuss their options and negotiate a plan involving the change(s) 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 responses depending on the 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 not ready, offer a reflection and listen empathically: "On the one hand accepting a substance use referral is not something you are ready for now, and on the other hand you are noticing health problems it may be causing."
- If the client is ready to address this area, discuss referral options and facilitate handoff.
- If the client is not ready, support client's autonomy to decide and ask permission to revisit health concern at a later time.
- Summarize by piecing together various client statements to point towards change.
- Plan and arrange for follow-up.

## 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, determine the appropriate referral need (for a complete discussion, review the "Effective Referrals" section of the full User Guide).

### 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:

- **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.
- **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.
- **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 are 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.

## Final Discussion Using Client Summary Sheet

Regardless of the format used (i.e., interview or self-report), the final step before concluding with the client is to use the **Client Summary Sheet** to summarize the information obtained so far and to clarify next steps.

This one-page document summarizes for the client his/her:

- Individual strengths (*Section 1*): Pulled from client's readiness (Interview Page), resiliency factors (pg. 2 of the screener), and enjoyable activities (pg. 6 of the screener).
- Own risks/concerns for their health (*Section 2*): Descriptions of specific risks identified based on client responses.
- Referrals that have been made (*Section 3*): Referrals that client has agreed to and/or have been made by the provider, as indicated on the Interview Page.
- Next action steps (*Section 4*): Either the provider (or preferably the client) can specify when meetings are scheduled or when/where further action will take place. This may also be a good time to confirm with the client his/her methods of remembering and planning for future appointments.

### Paper-and-Pencil Administration/Scoring

- If the electronic version of the screener was not used for scoring, the provider will need to manually complete the **Client Summary Sheet** (see the "Paper-and-Pencil Administration" section of the full User Guide for more detailed instructions).

### Electronic Administration/Scoring

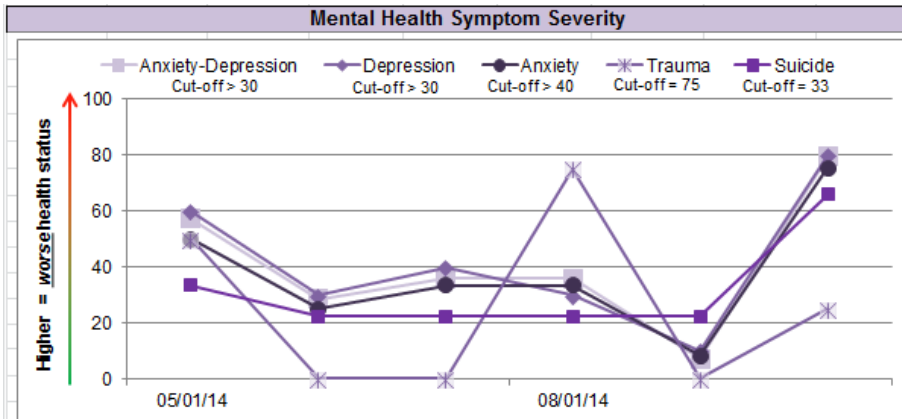
- Another benefit to completing the *NWD Integrative Screener* electronically is that nearly all of the **Client Summary Sheet** will be automatically populated based on the client's responses. The only area of the **Client Summary Sheet** that will need to be filled out by the provider and the client is *Section 4* (Next Steps).

**Note:** 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.

# 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.



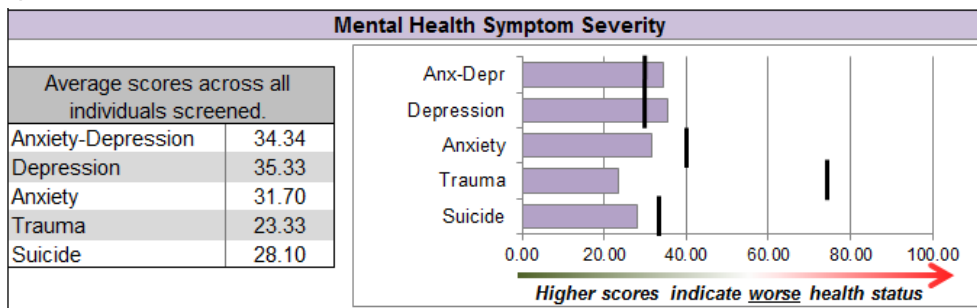
This graph, from the **Individual Aggregate Data Workbook**, displays a client's scores on the mental health domains:

- 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 referrals.

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.