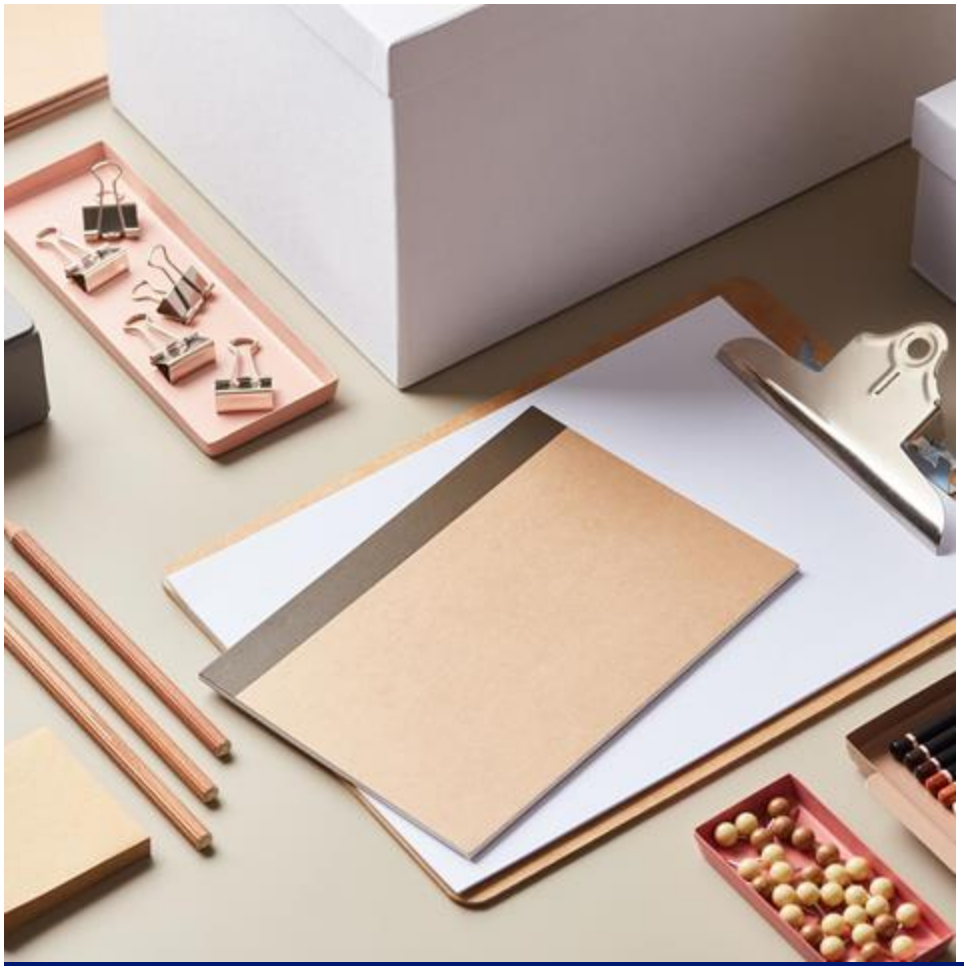
Spotlight on Universal and Condition Specific Behavioral Health Screening

COLORADO
Department of Health Care Policy & Financing

COLORADO
Behavioral Health Administration

HMA
Health Management Associates



Agenda

- Short and Long-Term Benefits of Behavioral Health Screening and Barriers to Screening
- Examples of Universal and Specific-Screening Tools for Children, Youth, and Adults
- Available Methods for Culturally Adapting and Modifying Screening for Greater Accuracy and Outcome
- Delivery methods and workflows for incorporating screening into the intake and ongoing care process

After This Training Participants Will Be Able To:

- Explain the short- and long-term benefits of universal screening and barriers
- Identify at least 1 child and 1 adult general and 5 child and 5 adult specific screening tools
- Apply cultural modifications to screening processes to obtain more accurate outcomes for diverse populations
- Identify delivery methods and workflows for incorporating screening into the intake and ongoing care process

What are the Short- and Long-Term Benefits of Universal Screening Protocols and Required Standards? What are the Barriers?

Setting the Stage for Behavioral Health Screening Implementation and Expansion

Continuum of Behavioral Health Screening

No Formalized Screening

All symptoms are identified through clinical interaction/ clinical judgement

Some Screening

Specialized screening is initiated based on clinical judgment only

Universal Screening

A core set of behavioral health measures are universally given to all patients to pick up BH/SUD conditions

Why is BH Screening Important to Overall Health?

1 | General Behavioral Health Prevalence Issues

- 13-20% of children in the U.S. experience a behavioral health disorder each year
- Approximately 50% of lifetime behavioral health conditions begin by age 14 and 75% begin by age 24. At the same time, the average delay between when symptoms first appear and intervention is approximately 11 years.
- Earlier onset in younger populations (< age 11) is associated with worse outcomes.

2 | Alcohol and Substance Use

- A large survey found 93.1% and 78.9% of behavioral health clinic directors reported having screening guidelines for alcohol and illicit substance use, respectively. However, only 66.6% and 57.8% of clinic staff reported conducting said screening
- More Americans died from overdoses in 2020 than in any previous year, and recent data from the Centers for Disease Control and Prevention show overdose deaths rose again during the first half of 2021.

For a list of references, please see the reference slide in the appendix at the end of this deck.

Why is BH Screening Important to Overall Health? Part Two

3 | Anxiety, Depression & Suicide

- Leading causes of disability worldwide
- Although effective interventions exist, these conditions often go untreated
- Anxiety and depression are associated with reduced quality of life, increased suicide risk, and increased health service use
- Suicide is the second-leading cause of death among youth ages 10-19 years
- 10% of LGBTQ attempted and 39% seriously considered suicide in the past year

4 | Social Determinants of Health

- Detecting difficulties with SDOH needs can influence stigma against mental illnesses, behavioral health care disparity, lack of access to quality care in the justice system, homelessness,& ageism
- Detecting positive SDOH such as wisdom, resilience, meaning in life, and community engagement can be found in, and help with, prevention and enhancement of well-being

For a list of references, please see the reference slide in the appendix at the end of this deck.

Why is BH Screening Important to Overall Health? Part Three

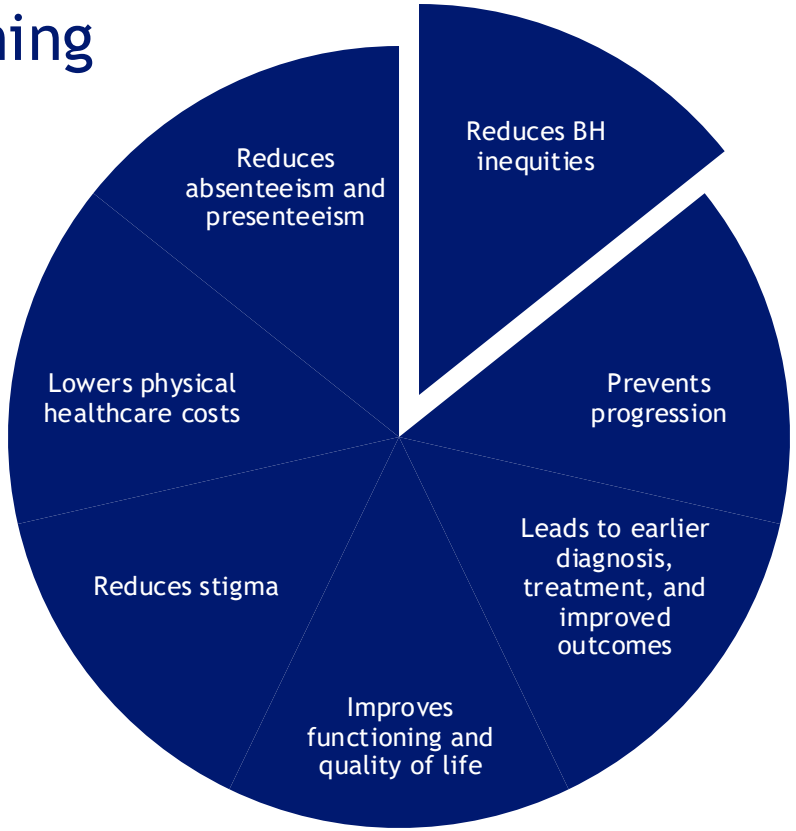
5 | Loneliness and Social Isolation

- Associated with adverse mental and physical health outcomes – including alcohol and drug abuse, suicidality, poor nutrition, sedentary lifestyle, inadequate sleep, and worsening physical functioning.
- As dangerous to health as smoking and obesity, and are an important risk factor for Alzheimer's disease, major depression, and generalized anxiety disorder, as well as for cardiovascular and metabolic diseases.
- More Americans die from loneliness- and social isolation-related conditions than from stroke or lung cancer.
- Loneliness is higher among vulnerable older adults, including immigrants; lesbian, gay, bisexual, and transgender (LGBT) populations; minorities; and victims of elder abuse.

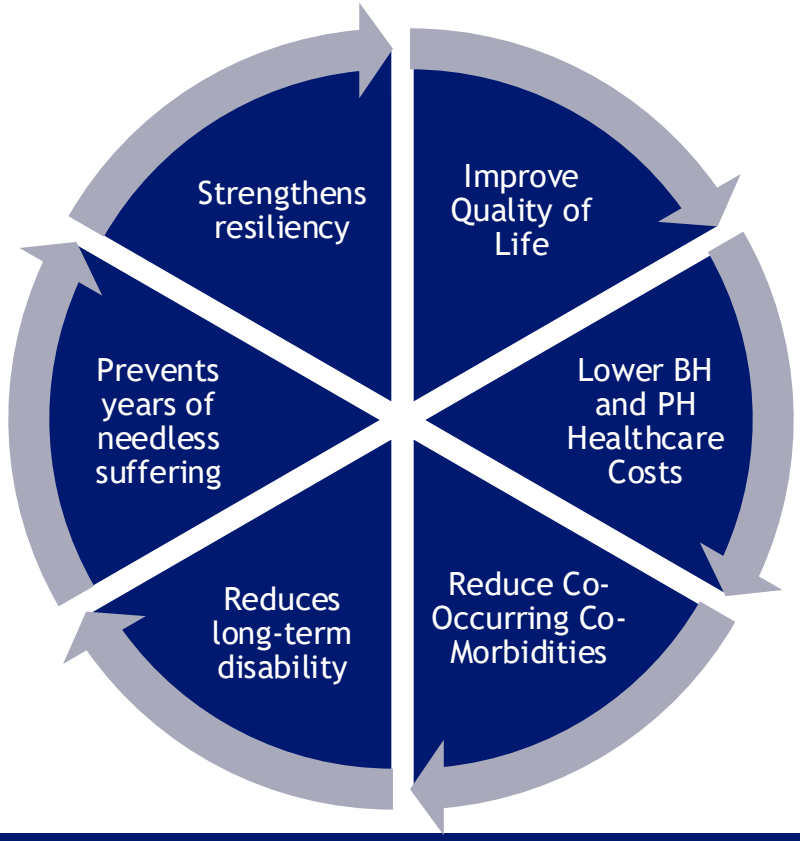
For a list of references, please see the reference slide in the appendix at the end of this deck.

Short-Term Benefits of BH Screening

- Behavioral health screenings allow for early identification and intervention and help bridge the gap between detection and treatment.
- Healthcare screenings are common in this country, and behavioral health screenings should be no exception.



Long-Term Benefits of BH Screening



- Numerous studies found long-term screening benefits in behavioral health and primary care settings.
- Screening can improve quality of life, help contain health care costs, and reduce complications from co-occurring behavioral health and medical comorbidities.

Behavioral Health Screening Barriers

Technical Adequacy

Contextual Appropriateness

Usability and Feasibility

Screening Barriers and Limitations – Technical Adequacy

- Screeners that do not function similarly across different subgroups
- Populations used to research and develop screening tools do not align with your population of focus
- Reliability and Validity of the screener
- Screeners that do not effectively differentiate between those truly at risk and those that are not.

Screening Barriers and Limitations-
Contextual Appropriateness

- Incompatibility between screener and outcomes your practice is targeting
- Screener is unavailable for ages needed
- Screener not available in multiple languages or other adaptations needed
- Screening for only a few conditions (e.g., depression and tobacco use, SUD treatment access, and follow-up after acute hospitalizations for mental illness) and missing a wider range of BH conditions, treatments, and outcomes.
- No input from stakeholders on screeners considered

Screening Barriers and Limitations- Usability and Feasibility

- Use standardized BH single-use measures only
- Variability use of measure use across interagency programs
- Lack of coordination in the quality measurement landscape
- Significant amount of time, effort, cost, and expertise needed to screen and score
- No centralized and accessible place to store screening outcomes securely and accessible to all members of care team who need to review it
- Inadequate systems and supports needed for individual/system-level decision making
- Lack of training and ongoing support for screening implementation
- Lack of established processes for how data will be shared
- Behavioral health financing challenges
- Lack of adequate behavioral health infrastructure to ensure referral
- No diagnostic follow up
- Lack of access to evidence-based behavioral health care

Examples of Universal and Specific BH Screening Tools for Children and Adults

Take A Moment to Consider…

- What are the behavioral health screening tools currently used universally (for all patients) in your practice location?
- Who administers them?
- Are there screening gaps for certain ages or groups where more focused screening is needed?

Required Standards of Universal Screening

The Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Federal Medicaid law, 42 U.S.C.§ 1396d(r), requires states to:

provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for members under 21 years of age.

Within the scope of EPSDT benefits under federal law, Health First Colorado (Colorado's Medicaid program) is required to:

cover any service for members aged 20 or younger that is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition identified by screening," whether or not the service is covered under the Colorado State Medicaid Plan.

Pediatric Populations- Examples of FREE Universal Screens Pt.1

Name (links)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Pediatric Symptom Checklist (Baby and Preschool Versions)	• Baby Version (BPSC)-Assesses irritability, inflexibility, and difficulty with routines • Preschool Version (PPSC)-Assesses for emotional/behavioral symptoms	BPSC- up to 18 months PPSC- 18-66 months	<5 min to administer 1-2 min to score	English, Spanish, Burmese, Nepali, and Portuguese languages
Pediatric Symptom Checklist	• General psychosocial screening and functional assessment in domains of attention, externalizing symptoms, and internalizing symptoms	PSC-35 & PSC 17- ages 4-16 years	<5 min to administer 1-2 min to score	Wide variety of languages Reading level 5th to 6th grade

Pediatric Populations- Examples of FREE Universal Screens Pt.2

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Survey of Well-Being of Young Children (SWYC)	Includes subscales appropriate to age: • **Milestones** -Assesses cognitive, language, and motor development • **Baby Pediatric Symptom Checklist** (BPSC) & **Preschool Pediatric Symptom Checklist** (PPSC)- mentioned on previous slide • **Parent's Observations of Social Interactions** (POSI) Screens for autism spectrum disorder • **Family questions** (Assesses stress in family environment (e.g., parental depression; discord; substance use; food insecurity; parent's concerns about child's behavior, learning, or development)	18-35 months	10-15 minutes	The SWYC has been translated into Spanish, French, Portuguese, Russian, Korean, Chinese, Traditional Chinese, Chuuksee, Khmer, Burmese, Nepali, Haitian-Creole, Vietnamese, Samoan, Somali, Arabic, Tagalog and Bengali

Pediatric Populations- Examples of FREE Universal Screens Pt.3

Name (link)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Strengths and Difficulties Questionnaire (SDQ)	• General psychosocial screening for emotional symptoms, conduct problems, hyperactivity/ inattention, peer relationship problems, and pro-social behavior (not included in score); a separate scale assesses impact of symptoms on global functioning.	3-17 years	10 minutes	> 40 languages
Brief Impairment Scale	• Assesses global functioning in domains of interpersonal relations, school/work, and self-care/self-fulfillment.	4-17 years (Parent report)	10 minutes	English & Spanish

Pediatric Populations- Examples of FREE Universal Screens Pt.4

Name (link)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Bright Futures Toolkit | AAP Toolkits | American Academy of Pediatrics	• Providers forms and materials relate to preventive health supervision and health screening for infants, children, and adolescents • Includes Surveillance Questions and Pre-visit and Supplemental Questions	0-21 years	Variable	Bright Futures Parent Handouts for visits up to 2 years of age are provided in the following additional languages: Arabic, Bengali, Chinese, French, Haitian Creole, Hmong, Korean, Polish, Portuguese, Russian, Spanish, Somali, and Vietnamese.

Pediatric & Adult Populations- Example of FREE Universal SDOH Screening

Name (linked)	Purpose	Ages for Use	Cultural Considerations
Social Determinants of Health (SDOH)- AAP recommend tailor SDOH screening to patients' needs and available community resources. Example: CMS' Accountable Health Communities Health-Related Social Needs Screening Tool	• AAP recommends SDOH screening of parents/caregivers at every health visit until age 21. • Five core domains: Housing stability; Food security; Transportation; Utility help needs; and Interpersonal safety • Eight supplemental domains: Financial strain; Employment; Family and community support; Education; Physical activity; Substance use behavioral health; and Disabilities	0-21 years	When developing SDOH Screener consider following questions: (1) Is the tool available in an informant's language of fluency? (2) Is the tool at or below an informant's reading level? and (3) Is the tool worded in such a way that the reference period for SDOHs is clear?

Adult Populations- Example of FREE Universal Screening

Name (linked)	Purpose	Ages for Use	Cultural Considerations
Adult Health Assessment (Sample Questions) produced by AHRQ and prepared by University of Colorado School of Medicine, Department of Family Medicine, the Colorado Health Outcomes Program, and the Shared Networks of Collaborative Practices and Partners (SNOCAP)	• Created by AHRQ to be in compliance with CMS Medicare Annual Wellness Visit health risk assessment • Implementation Guide	Ages 18 and older	None noted

Pediatric & Adult Populations- Examples of FREE Specific Screens (Depression and Anxiety)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Patient Health Questionnaire (PHQ)	• Screening tool for depression; available in different variants to screen for symptoms of depression for adolescents to adults	Age 12 and older	Variable	Copies of the PHQ family of measures are available at the website: www.phqscreeners.com Also, translations, a bibliography, an instruction manual, and other information is provided on this website.
Generalized Anxiety Disorder (GAD-7)	• Available in different variants (GAD-2 and GAD-7) to screen for symptoms of generalized anxiety for adolescents (age 11) to adults	Age 11 and older	2 minutes or less	Copies of the GAD-7, are available at the website: www.phqscreeners.com Also, translations, a bibliography, an instruction manual, and other information is provided on this website.

Adult Population- Examples of Screening Tools (Interpersonal Violence)

- Partner Violence Screen (PVS) -shortest; studied with United States, Brazilian, and Sri Lankan populations; lower sensitivity in African American Men (FREE)
- Woman Abuse Screening Tool (WAST)- available in Spanish; asks about physical, emotional and sexual violence, as well as threats and fear (FREE)
- Abuse Assessment Screener (AAS)- available in Spanish; only that asks about abuse during pregnancy; asks about physical, emotional and sexual violence, as well as threats and fear (FREE)
- (HITS); acceptable sensitivity in men but lower sensitivity in African American Men ($25 fee for copyright)
- Still do not have well validated tools for use with men, LQBTQ, and older adult populations

Pediatric Population- Example of Screening Tool (Dating Violence)

Measure of Adolescent Relationship Harassment and Abuse (MARSHA-C)

- 3-item tool used to detect domestic abuse (DA) among 11–21-year-old youth
- The three MARSHA-C questions are:
  - "They yelled, screamed or swore at me,"
  - "They asked or pressured me for a nude or almost nude photo or video of me, when I did not want to give them one," and
  - "They made me feel like I could not break up with them or get out of the relationship."
- For each of these three acts that a respondent endorsed, they receive one point, regardless of how frequently they had experienced each act.
- It is a continuous scale and does not have a recommended cutoff for determining the presence or absence of DA victimization. A score of 6 means that a participant had experienced a minimum of 5 acts of DA in the past year.

Pediatric & Adult Populations- Examples of FREE Specific Screens (Suicide)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Ask Suicide-Screening Questions (ASQ)	• Set of four brief suicide screening questions and clinical pathway workflow • Offer a combined PHQ-A /ASQ Tool	Ages 8 and above	20 seconds	Offered in wide variety of languages
Columbia Suicide Severity Rating Scale (CSSRS)	• Suicide risk screening through a series of simple, plain-language questions Standard C-SSRS version for ages 6 and up • Full C-SSRS Scale for very young children (ages 4-5) and cognitively impaired • Pocket Cards and versions for use by BH and other healthcare providers are available for download • Optional 20 minute video training (FREE and online) for paraprofessional/professional use	C-SSRS (ages 6 and up) Full C-SSRS (ages 4 and 5; cognitively impaired)	5 minutes (self-report version is available)	available in more than 150 country-specific languages

Pediatric and Adult Populations- Examples of FREE Specific Screens: Psychosis

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Brief Psychotic Rating Scale (BPRS) (adult)	• Expanded 24 item version; administered using clinician interview and observation of the patient's behavior over the prior 2-3 days. • Useful in gauging the efficacy of treatment in patients who have moderate to severe psychoses.	Ages 18 and older	20-30 minutes (included scoring time)	English, French, Slovenian, Dutch, Malaysian, and other languages
Brief Psychotic Rating Scale (BPRS) (Children)	• BPRS-C-9 item and BPRS-C-21 item versions; completed by clinicians with training in assessment of children and adolescents over prior 2 month time period (outpatient) and upon admission and then daily or every other day for process (inpatient)	Ages 3-18	20-30 minutes (included scoring time)	Available in English, French, Spanish, and other languages

Pediatric & Adult Populations- Examples of FREE Specific Screens (Social Isolation and Loneliness)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
UCLA 3-item Loneliness Scale	• 3 questions measuring loneliness: relational connectedness, social connectedness and self-perceived isolation;	Age 50 and older	3-5 minutes	Tested for use with older adults; Chinese and Japanese versions; translated in many languages
Lubben Social Network Scale (LSNS)	• Brief instrument (6 and 12 items versions) designed to gauge social isolation in older adults by measuring perceived social support received by family and friends	Age 60 and older	5 to 10 minutes	Available in Japanese, Korean, Mongolian, Spanish, Portuguese, and other languages
Children's Loneliness and Social Dissatisfaction Scale	• 24 item instrument developed to assess children's feelings of loneliness and social dissatisfaction	Ages 8-12 (grades 3-6)	15-20 minutes	Available in English, Spanish, Chinese, Polish, and other languages

Pediatric Populations- Examples of FREE Specific Screens (Alcohol and Drug Screens)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)	• Identifies risky substance use by adolescent patients with resources to assist clinicians in providing patient feedback and follow-up. • Filled out by the patient/clinician under provider supervision.	Ages 12-17	Less than 2 minutes	English and Spanish
Screening to Brief Intervention (S2BI)	• Frequency of use questions to categorize substance use into different risk categories with resources to assist clinicians in providing patient feedback and resources for follow-up. • Filled out by the patient/clinician under provider supervision.	Ages 12-17	Less than 2 minutes	English and Spanish

Adolescent and Adult Populations- Examples of FREE Specific Screens (Alcohol and Drug Screens) (1)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Alcohol Use Disorders Identification Test-Consumption (AUDIT)	• Brief alcohol screening instrument that reliably identifies persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). • The AUDIT-C is a modified version of the 10 question AUDIT instrument. A USAUDIT version is adapted for U.S. standard drink sizes and limits).	Ages 14 and older	1-2 minutes	• The AUDIT is the only alcohol screening test specifically designed for international use. It has been translated into over 40 languages
Alcohol Symptom Checklist	• 11 item checklist used after a high AUDIT-C score to engage a patient in dialogue on alcohol and other drug-related symptoms within previous year; provides guidance on assessing the severity of an alcohol and/or other drug use disorder	Ages 18 and older	5-10 minutes	• Performed equitably across age, sex, race, and ethnicity

Adolescent and Adult Populations- Examples of FREE Specific Screens (Alcohol and Drug Screens) (2)

Name (linked)	Purpose & Ages for Use	Ages for Use	Time to Administer	Cultural Considerations
The NIAAA Single Alcohol Screening Question (SASQ)	• SASQ can be woven easily into a verbal clinical interview. Before asking the SASQ, you can ask a prescreen along the lines of "How often did you have a drink containing alcohol in the past year?" If positive then ask ""How many times in the past year have you had (4 for women, or 5 for men) or more drinks in a day? response of *one or more* warrants follow-up. Adults 18 and older. • The National Institute on Alcohol Abuse and Alcoholism (NIAAA) developed a brief screening guide (SG) using 2 simple questions; one about the individual's own drinking behavior and another about drinking behavior of friends	Ages 12-18	5-10 minutes with intervention when needed (e.g., motivational interviewing, referral to treatment)	Found available in English and Spanish

Adolescent and Adult Populations- Examples of FREE Specific Screens (Alcohol and Drug Screens) (3)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
NIDA Quick Screen V1	• The single-item NIDA Quick Screen tool should be used in combination with the NM-ASSIST. A "Yes" response to the NIDA Quick Screen should be followed by administration of the NM-ASSIST a 3-item screen for alcohol, drug (prescription and illegal), and tobacco use. Ages 18 and older.	Ages 18 and older	5 minutes	English
Car; Relax; Alone; Forget; Friends; Trouble (CRAFFT) 2.1 and 2.1+N	Uses 6 items to understand alcohol and other general drug use patterns. Can be self-administered or delivered as part of the clinical interview. CRAFFT 2.1+N includes items on nicotine use. Ages 12-21	Ages 12-21	Approximately 5 minutes	Language translations

Adolescent and Adult Populations- Examples of FREE Specific Screens (Alcohol and Drug Screens) (3)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Drug Abuse Screen Test (DAST)	• Brief, self-report instrument for population screening, clinical case finding and treatment evaluation research.	• DAST -10 (adults) • DAST-20 (adolescents)	5 minutes	Available in Spanish
National Institute on Drug Abuse	• Screening and Assessment Tools Chart • Screening Tools for Adolescent Substance Use			

Pediatric Populations- Examples of FREE Specific Screens

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
The Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT R/F)	• 2-stage parent-report screening tool to assess risk for Autism Spectrum Disorder (ASD); Evaluates risk for autism spectrum disorder in children. • The 20-question test is filled out by the parent, and a follow-up portion is available for children who are classified as medium- to high-risk for autism spectrum disorder.	Ages 16–30 months	5 minutes to complete and score	Available in English, Spanish, Turkish, Chinese, Japanese
Vanderbilt Assessment Scales for ADHD	• Assesses symptoms of attention deficit disorder as well as oppositional and anxious behaviors. • Two versions available: a parent form that contains 55 questions, and a teacher form that contains 43 questions	Ages 6-12	Approximately 20 minutes	Spanish Version

Pediatric and Adult Populations- Examples of FREE Specific Screens (Trauma)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Pediatric ACEs and Related Life Events Screener (PEARLS) and Adverse Childhood Experiences (ACE) screeners	• The PEARLS includes an ACE screen (Part 1; 10 items) as well as a social determinants of health (SDOH) screen (Part 2; 7-9 items) — for a total of 17-19 questions. • Only Part 1 is used to calculate a child's ACE score. • ACE Screening How to Implementation Guide	PEARLS child tool (ages 0-11)- completed by caregiver PEARLS adolescent tool (ages 12-19) completed by caregiver. PEARLS adolescent self report tool (ages 12-19) completed by adolescent	5 minutes	Multiple languages

Adult Population- Example of FREE Specific Screens (Cognitive Functioning)

Name (linked)	Purpose	Ages for Use	Time to Administer	Cultural Considerations
Montreal Cognitive Assessment (MOCA)	• rapid screening instrument for mild cognitive dysfunction • free but requires completion of a free 1-hour training online • In office tool	Ages 55-85	10 minutes	Wide variety and languages

Matching Exercise

Screener	Purpose
1. Patient Health Questionnaire	a. Brief instrument (6 & 12 item versions) designed to gauge social isolation in older adults by measuring perceived social support received by family & friends
2. Car; Relax; Alone; Forget; Friends; Trouble	b. Rapid screening instrument for mild cognitive dysfunction with ages 55-85
3. Brief Screener for Tobacco, Alcohol, and Other Drugs	c. 3-item tool used to detect domestic abuse (DA) among 11–21-year-old youth
4. Lubben Social Network Scale	d. Social Determinants of Health Screener
5. Montreal Cognitive Functioning Screener	e. Screening tool for depression; available in different variants to screen for symptoms of depression for adolescents to adults
6. MARSHA-C	f. Identifies risky substance use by adolescent patients (ages 12-17) with resources to assist clinicians in providing patient feedback and follow-up.
7. Vanderbilt Assessment Scales	g. Assesses for ADHD; Ages 6-12
8. Accountable Health Communities Health-Related Social Needs Screening Tool	h. Uses 6 items to understand alcohol and other general drug use patterns (ages 12-21).

Matching Exercise (answers)

Screener	Purpose
1. Patient Health Questionnaire	e. Screening tool for depression; available in different variants to screen for symptoms of depression for adolescents to adults
2. Car; Relax; Alone; Forget; Friends; Trouble	f. Identifies risky substance use by adolescent patients (ages 12-17) with resources to assist clinicians in providing patient feedback and follow-up.
3. Brief Screener for Tobacco, Alcohol, and Other Drugs	h. Uses 6 items to understand alcohol and other general drug use patterns (ages 12-21).
4. Lubben Social Network Scale	a. Brief instrument (6 & 12 item versions) designed to gauge social isolation in older adults by measuring perceived social support received by family & friends
5. Montreal Cognitive Functioning Screener	b. Rapid screening instrument for mild cognitive dysfunction with ages 55-85
6. MARSHA-C	c. 3-item tool used to detect domestic abuse (DA) among 11–21-year-old youth
7. Vanderbilt Assessment Scales	g. Assesses for ADHD; Ages 6-13
8. Accountable Health Communities Health-Related Social Needs Screening Tool	d. Social Determinants of Health Screener

Available Methods for Culturally Adapting and Modifying Screening for Greater Accuracy and Outcome

SAMHSA Treatment Protocol for Cultural Competence

- Step 1: Engage Clients
- Step 2: Familiarize Clients and Their Families with Treatment and Evaluation Processes
- Step 3: Endorse Collaboration in Interviews, Assessments, and Treatment Planning
- Step 4: Integrate Culturally Relevant Information and Themes
- Step 5: Gather Culturally Relevant Collateral Information
- Step 6: Select Culturally Appropriate Screening and Assessment Tools
- Step 7: Determine Readiness and Motivation for Change
- Step 8: Provide Culturally Responsive Case Management
- Step 9: Incorporate Cultural Factors Into Treatment Planning

TIP 59: Improving Cultural Competence (samhsa.gov)

Select Culturally Appropriate Screening and Assessment Tools

Culturally Appropriate Screening Devices

- Determine cultural applicability to population served

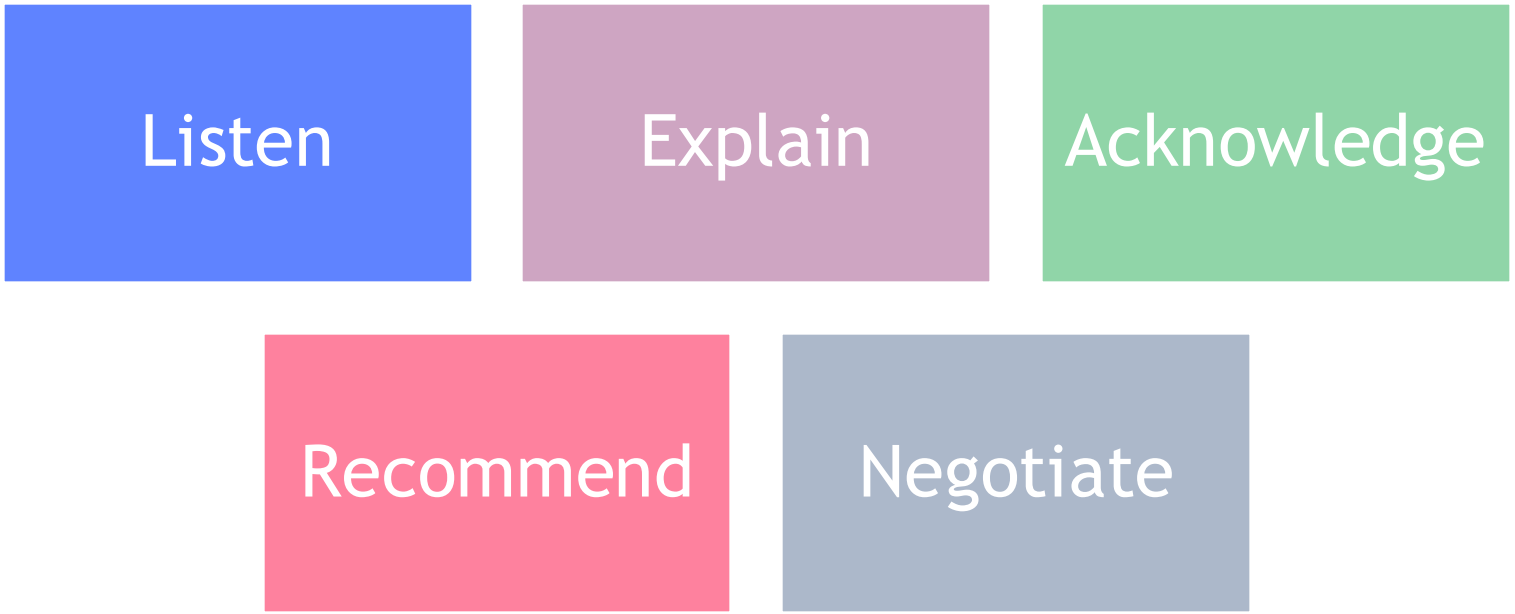
Culturally Valid Clinical Scales

- Review literature to see if scales are normed for your intended populations

Diagnosing Goes Beyond Screening

- Consider cultural backgrounds when diagnosing and assessing; conduct a thorough clinical interview

LEARN Mnemonic for Screening and Intake Interviews



Practice

Tasha is a 17-year-old student who has been telling her friends that she just does not want to deal with life anymore. Her mother took her to see her Pediatrician's office to identify what is going on and her some support. Tasha has been seen before by the same behavioral health provider for 5 sessions After unexpectedly losing a close friend to a motor vehicle accident last year. After being placed into an exam room, the behavioral health provider was asked to meet with her first, conduct screeners and a clinical assessment.

What universal or specific screeners would you want to administer to this patient initially?

Based on Tasha's responses, what follow-up screeners would you have on deck to administer next?

Possible Response

Given that Tasha has been through a traumatic loss, the behavioral health provider may choose to give her the PHQ-9 and develop questions based on her response to that screener. If Tasha communicates experiencing suicidal ideation, the behavioral health provider will proceed to using the Columbia Suicide Severity Rating Scale to help inform the treatment plan.

Are there other screeners that you could think would be beneficial to use at this time?

What would you plan to use in a follow-up encounter?

Delivery methods and workflows for incorporating screening into the intake and ongoing care process

Considerations When Building a Screening Workflow and Protocol

What is the optimal time and method to integrate screening given existing resources? Electronic? During Vitals? While waiting for Provider in an exam room?

Who would be the person(s) to conduct the screening and how will they be trained?

Who will document the screening outcome and where?

If a positive screen, who conducts the diagnostic assessment and treatment planning?

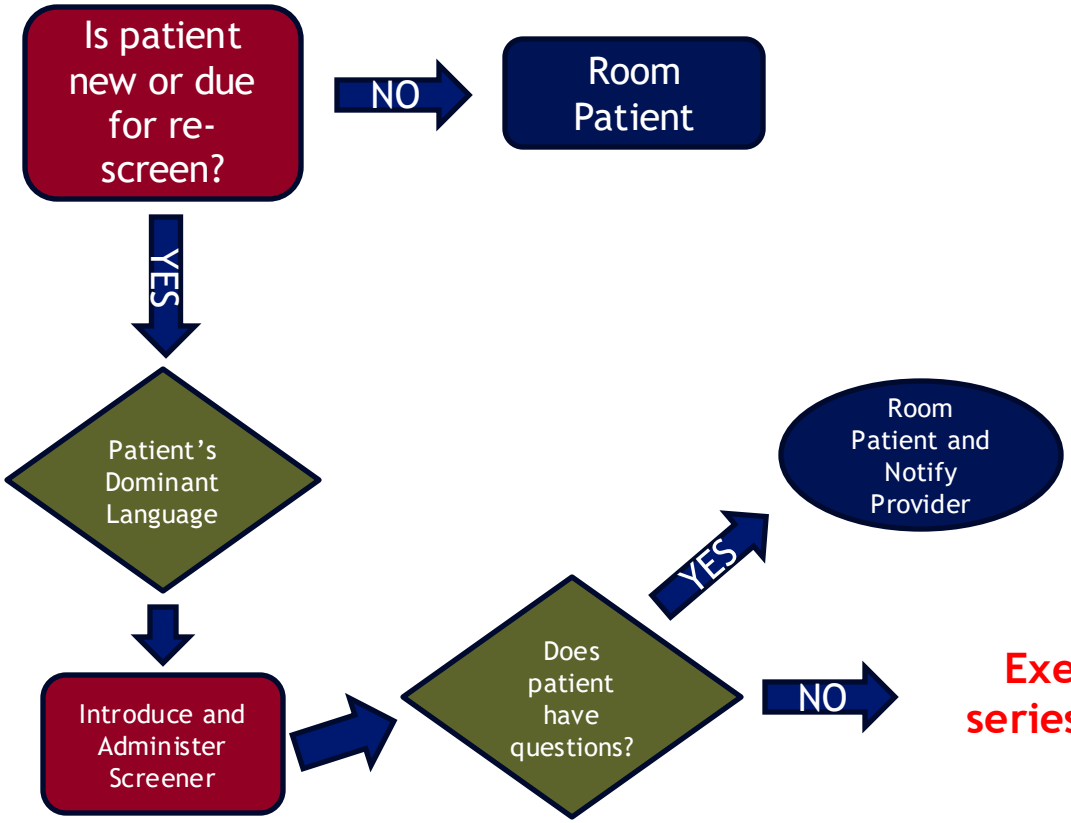
Who will share this with the provider that the patient is scheduled to see?

Will therapy/education be provided onsite or referred out into the community?

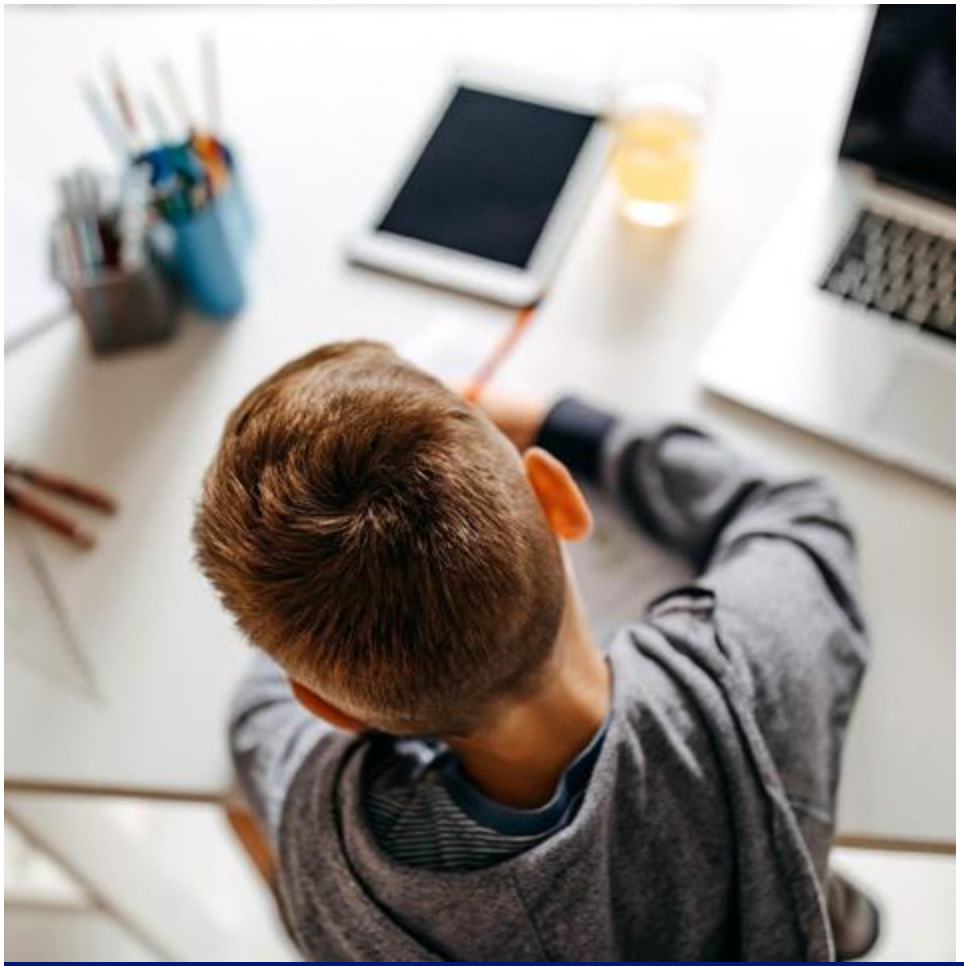
Considerations When Building a Screening Workflow and Protocol (cont)

- Who will develop the referral directory and ensure it is up to date and meets the cultural needs of the population served?
- Who will follow up on screenings and referrals?
- Where will the screening outcomes be documented?
- How will providers be alerted to the need to re-screen for changes in symptoms over time or in response to treatment?
- Who will translate materials if and when needed?
- Who will ensure screeners are being used with fidelity and licenses maintained (if needed)

Screening Process Mapping



Exercise: What do you think the next series of processes might be on the map?



Digital Screening Tools for Detecting Unmet Behavioral Health Treatment Needs

Benefits of Digital Screening and Behavioral Health Interventions

- Emerging evidence that it promotes improvements in symptoms that are sustained over several years and connects to support faster (i.e., reduce and in some cases eliminate waiting time)
- Compared with verbal screening, self-administered screening with a tablet-based app detected more than twice as many patients with concerns that could warrant immediate clinical attention.
- Some evidence that IPV is preferred using digital and person to person delivery methods
- Reduce barriers that prevent individuals from accessing face-to-face treatment (e.g., cost, inconvenience, and stigmatization).
- New strategies are needed to promote a greater uptake of digital behavioral health tools
- The field of digital behavioral health tools is in its early stages, and high-quality evidence is lacking.

To better inform our future trainings and request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!

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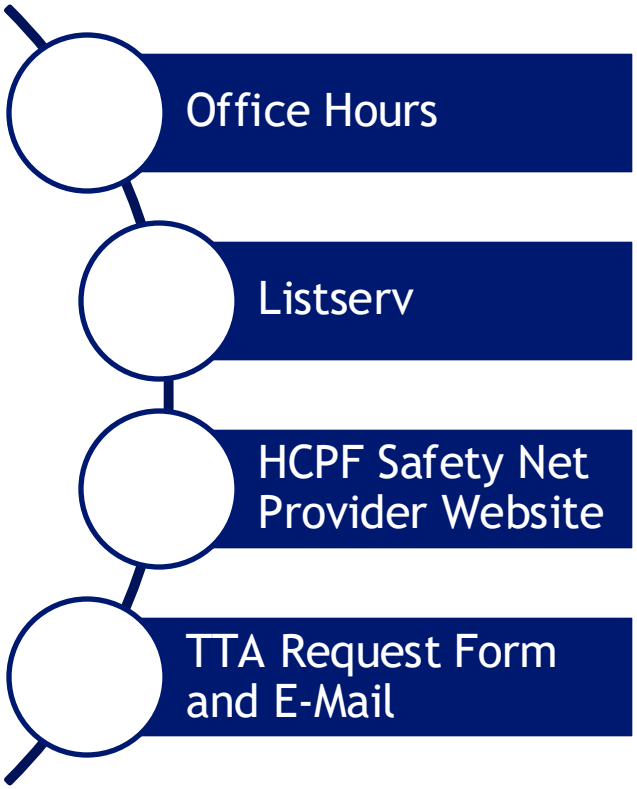
Appendix A: Additional Resources



Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the HCPF Safety Net Webpage for details & registration information.

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